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JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Thursday, February 24, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room 2001
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D., Member

AGENDA

1) **CALL TO ORDER**

2) **FOR DISCUSSION:** **OVERVIEW OF JOINT CONFERENCE COMMITTEE/ COMMUNITY HEALTH NETWORK**
(Commissioner Edward A. Chow, M.D.)

3) **FOR DISCUSSION:** **OVERVIEW OF COMMUNITY HEALTH NETWORK**
(Tony Wagner, CHN Executive Administrator)

4) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operation of Community Health Network (CHN)

5) **FOR DISCUSSION:** **PRESENTATION OF UTILIZATION STATISTICS**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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MINUTES
OF THE
JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)

Thursday, February 24, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network was called to order by Chairperson, Commissioner Edward A. Chow, M.D., at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

2) OVERVIEW OF JOINT CONFERENCE COMMITTEE/COMMUNITY HEALTH NETWORK

Commissioner Chow gave an overview of the JCC-CHN, reviewing the activities, responsibilities and duties, and composition of the Joint Conference Committee. The meeting will be on the 4th Tuesdays from 3:00 p.m. to 5:00 p.m. at the CHN Headquarters.

Commissioner Chow pointed out that all quality assurance/peer review issues will be discussed in closed sessions.

There will be the addition of the Director of Primary Care to the composition of this Joint Conference Committee.

3) OVERVIEW OF COMMUNITY HEALTH NETWORK

Mr. Tony Wagner, CHN Executive Administrator, provided handouts on the CHN, and described the purpose and mission; components of the CHN; the patient profile; staff and employees; partnerships, and issues facing the CHN in 2000.

101 Grove Street San Francisco, CA 94102-4505

Commissioners and staff discussed the role of the Department's overall Strategic Plan in answering the difficult questions of what levels and types of services are to be available and provided by the Department. Gene O'Connell, SFGH Executive Administrator, pointed out the need to clarify the definition of "care".

Commissioners discussed the potential bond issue for SFGH and the Primary Care Clinics; they stressed the need to have factual information and data to drive a policy direction related to the bond issue. The Department will be working with the appropriate City officials on the bond issue.

4) EXECUTIVE ADMINISTRATOR'REPORT

(Tony Wagner, CHN Executive Administrator)

Meeting CHN Strategic Goals

Patient Focus "focus on the patient while creating a seamless system of care"
Expanding WIC Hours
To expand access to parents who work or who have difficulty getting to a clinic site in the daytime or during the week, the WIC (Women's Infants, and Children's Supplemental Food Program) has expanded its hours. New hours include every 2nd and 4th Saturday of the month, from 9:00 a.m. to 3:30 p.m., at San Francisco General Hospital; and every Tuesday until 7:00 p.m. at Silver Avenue Family Health Center.

Health Communities "supporting community public health and targeting those lacking health resources"
A total of 21 clients have been presented and discussed at Patient Placement Committee (the sub-group of Bridge Committee that reviews clients for placement); we are excited that our most difficult client was placed this week. A total of 12 clients have been placed. Four clients on the acute psychiatry inpatient service are being considered for patch funding. These four patients have been presented and placement is currently being sought for them. Liz Gray of Population Health and Prevention, and Dr. Welch, will continue to facilitate the ongoing case management review of all clients placed outside of our system of care to be sure that they remain at the appropriate placement level. The remaining five clients were presented and we are still pursuing placement options.

Stabilization "preserving CHN's organizational integrity"
Mr. Wagner requested Gene O'Connell, Melissa Welch and Larry Funk to provide a plan outlining how the budget initiatives approved by the Health Commission will be implemented. They will then combine the information into one plan for all CHN initiatives. Once finalized, they will use it as a means to monitor our progress in the implementation phase. They are also coordinating the CHN activities with representatives of the Population Health and Prevention Division, when appropriate. Mr. Wagner will routinely report on the progress to the Joint Conference Committee.

The CHN continues to work with the UCSF Associate Dean and his staff to make necessary adjustments to the contract in order that projected merits and COLAS of $2.4 million might be funded for FY 2000-01. The CHN will give our recommendation to the Department of Public Health's Executive Budget Committee at our March 8th meeting.

Infrastucture "investment is vital if CHN is to effectively carryout its Mission"
Yesterday, San Francisco received its first installment from the 1996 lawsuits against the tobacco industry in the amount of $13.9 million. California Attorney General Bill Lockyer presented the check to Mayor Brown. These dollars will be used to fund the replacement of Laguna Honda Hospital as well as providing $1 million a year for the prevention of tobacco use.

The check is the first installment of an estimated $586 million the City is projected to receive from the tobacco industry by the year 2025. Both the Laguna Honda Hospital Executive Administrator, Larry Funk, and Tony Wagner, represented the Department at yesterday's press conference.

Announcement
Robert Christmas Moves to LHH as Director of Operations

Robert Christmas will be joining the Laguna Honda Team as the Associate Administrator for Operations effective March 1, 2000.

Robert has served on the administrative team at San Francisco General Hospital for the past 18 years. During his tenure, he has served as Director of Ambulatory Services for 10 years, Acting CEO for one year, and has also been responsible for all diagnostic, clinical and environmental support services. For the past two years, Robert has been responsible for accreditation and licensure for the entire SFGH Campus. Robert is nationally recognized for his expertise in educating and preparing staff for health care system surveys by various regulatory agencies.

5) PRESENTATION OF UTILIZATION STATISTICS

Diane Miller, Director of Planning and Marketing, presented the CHN Demographic and Utilization Reports, which covered primary care, urgent care, emergency services, specialty services, Health at Home, SFGH Acute Care, SFGH Skilled Nursing, and Laguna Honda Hospital. All of this information is posted on the intra-net.

Commissioner Chow requested end-of-year utilization and quarterly statistics to the JCC-CHN.

6) PRESENTATION OF HOME HEALTH AGENCY

Kathy Eng, Home Care Administrator, presented the annual program evaluation of Health at Home FY 1998-99. (Attachment A).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HOME HEALTH AGENCY OF THE
COMMUNITY HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HEALTH AT HOME

Health at Home

Report to the San Francisco Health Commission JCC

January 6, 2000

1. **Background**

Health at Home is the Medicare-certified home health agency of the Community Health Network of the San Francisco Department of Public Health. The agency strives to provide quality, integrated, cost-effective and culturally proficient home health care services to individuals and communities who are some of San Francisco's most vulnerable. The multi-disciplinary, multi-cultural staff consists of nurses, social workers, physical, occupational, and speech therapists, home health aides and volunteers, who ensure continuity of care from clinic visit or hospital stay and discharge to home.

The office is located at 45 Onondaga Avenue and serves clients who live within San Francisco city limits. Since 1995, Health at Home has been providing care to clients of all ages and medical diagnoses. The Agency works closely with the other components of the Community Health Network, and admits clients who are primarily discharged from San Francisco General Hospital Medical Center or referred by a community clinic. These homebound clients, needing the skilled support of home care professionals, are low-income, culturally diverse, may not be eligible for state or federal benefits, or may be on public assistance. Several struggle with substance abuse and mental illness. Additionally, we serve clients with HIV disease who had been previously served by an outside agency through city and federal contract funding.

Over 886 CHN clients were served in FY98-99. Services range from restorative and respite care, HIV management, diabetic and respiratory care, palliative care and training in activities of daily living to care for the chronically disabled and the frail elderly. Health at Home works with many community agencies to ensure the clients' continuity of care. The heart of Health at Home is preserving health, independence and quality of life.

2. Statistics 98-99

- Visit volume – 1,440 visits a month
- Unduplicated clients - 886
- Average Patient Census – 220
- Staff – 50 FTEs
- Payor mix for Billable Visits
  - ➢ Medicare – 58%
  - ➢ Medi-Cal – 37%
  - ➢ Managed Care – 3%
  - ➢ Private – 1%
  - ➢ Other Funding Sources – 1%
- Payor Mix for Total (Billable & Non-Billable Visits)

➢ Medicare	39.3%
➢ Medi-Cal	25.7%
➢ Medi-Cal Pending	14.7%
➢ Managed Care	2.7%
➢ Private	.6%
➢ Eldercare & Continuing Care	2.8%
➢ MIA	4.6%
➢ Ryan White – CARE Title I	9.3%
➢ Other	.3%

As of December 1999, HAH has a staff of 63 FTE

3. Highlights

- Health at Home (HAH) expanded its services to an additional 70 HIV-infected clients living in low-income residential hotels in the Tenderloin and other parts of the City with the new Ryan White CARE Title I Contracts in 1999.
- The Agency launched a Palliative Care Program (which includes bereavement and pain symptom management services) to provide end-of-life care to clients with progressive, life-threatening illnesses so they may die with dignity.
- Due to its Volunteer Program, HAH served 78 clients it might not have reached with practical and emotional support. Services are provided by over 30 trained volunteers in patient care, who have helped to improve the quality of life for these clients during a difficult period.

- The Agency provided long term case management services to 65 frail elderly and other clients needing extended care after discharge from home health.
- As a result of the Balanced Budget Act of 1999, new Conditions of Participation and reimbursement regulations for home health agencies have been imposed over the last two years. These changes have increased the Agency's costs in planning, training and forms development. By October, 2000, a new prospective payment system (PPS) for home health agencies is expected to reduce revenue by 15%. HAH administrative staff is currently involved in comprehensive training and planning in order to prepare for this new system.

4. Patient Population Breakdown by Ethnicity

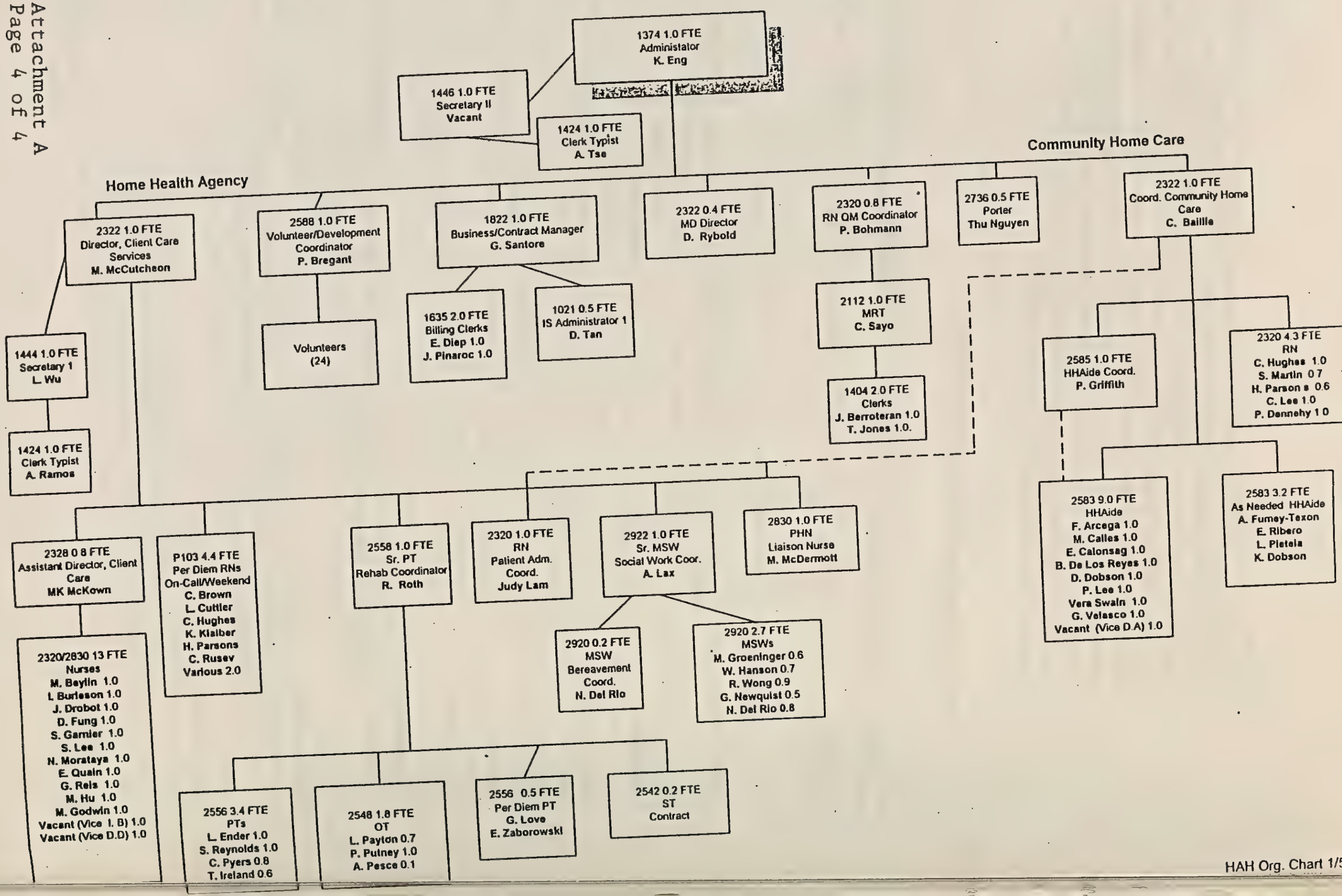
White	African-American	Asian/PI	Hispanic	Native American	Unknown
25.6%	29.8%	27.6%	16.3%	0%	0.7%

5. Staff Ethnicity by Discipline

	White		African American		Chinese		Vietnamese		Hispanic		Filipino		Total by Discipline	
Discipline		%		%		%				%		%		%
Admin./Support	6	35	1	6	2	12	3	18	1	6	4	23	17	25%
Nursing	13	57	1	4	6	26			3	13			23	33%
Rehab	7	87	1	13									8	12%
Social Work	4	66			1	17			1	17			6	9%
Home Health Aides	3	20	4	27	1	7			3	20	4	27	15	21%
Total by Ethnicity	33		7		10		3		8		8		69	100 %
% by Ethnicity	48%		10%		14%		4%		12%		12%		100%	

Attachment A

Health at Home
Community Health Network
Organizational Chart
FY 1999 - 2000


1374 1.0 FTE
Administator
K. Eng
1446 1.0 FTE
Secretary II
Vacant
1424 1.0 FTE
Clerk Typist
A. Tse
Home Health Agency
Community Home Care
2322 1.0 FTE
Director, Client Care Services
M. McCutcheon
2588 1.0 FTE
Volunteer/Development Coordinator
P. Bregant
1822 1.0 FTE
Business/Contract Manager
G. Santore
2322 0.4 FTE
MD Director
D. Rybold
2320 0.8 FTE
RN QM Coordinator
P. Bohmann
2736 0.5 FTE
Porter
Thu Nguyen
2322 1.0 FTE
Coord. Community Home Care
C. Baillie
1444 1.0 FTE
Secretary 1
L. Wu
1424 1.0 FTE
Clerk Typist
A. Ramos
Volunteers
(24)
1635 2.0 FTE
Billing Clerks
E. Diep 1.0
J. Pinaroc 1.0
1021 0.5 FTE
IS Administrator 1
D. Tan
2112 1.0 FTE
MRT
C. Sayo
1404 2.0 FTE
Clerks
J. Berroteran 1.0
T. Jones 1.0.
2585 1.0 FTE
HHAide Coord.
P. Griffith
2320 4.3 FTE
RN
C. Hughes 1.0
S. Martin 0 7
H. Parsons 0.6
C. Lee 1.0
P. Dennehy 1 0
2583 9.0 FTE
HHAide
F. Arcega 1.0
M. Calles 1.0
E. Calonsag 1.0
B. De Los Reyes 1.0
D. Dobson 1.0
P. Lee 1.0
Vera Swain 1.0
G. Velasco 1.0
Vacant (Vice D.A) 1.0
2583 3.2 FTE
As Needed HHAide
A. Fumey-Texon
E. Ribero
L. Pietela
K. Dobson
2328 0 8 FTE
Assistant Director, Client Care
MK McKown
P103 4.4 FTE
Per Diem RNs
On-Call/Weekend
C. Brown
L. Cuttler
C. Hughes
K. Klaiber
H. Parsons
C. Rusev
Various 2.0
2558 1.0 FTE
Sr. PT
Rehab Coordinator
R. Roth
2320 1.0 FTE
RN
Patient Adm. Coord.
Judy Lam
2922 1.0 FTE
Sr. MSW
Social Work Coor.
A. Lax
2830 1.0 FTE
PHN
Liaison Nurse
M. McDermott
2920 0.2 FTE
MSW
Bereavement Coord.
N. Del Rio
2920 2.7 FTE
MSWs
M. Groeninger 0.6
W. Hanson 0.7
R. Wong 0.9
G. Newquist 0.5
N. Del Rio 0.8
2320/2830 13 FTE
Nurses
M. Beylin 1.0
L Burleson 1.0
J. Drobot 1.0
D. Fung 1.0
S. Garnier 1.0
S. Lee 1.0
N. Morataya 1.0
E. Quain 1.0
G. Reis 1.0
M. Hu 1.0
M. Godwin 1.0
Vacant (Vice I. B) 1.0
Vacant (Vice D.D) 1.0
2556 3.4 FTE
PTs
L. Ender 1.0
S. Reynolds 1.0
C. Pyers 0.8
T. Ireland 0.6
2548 1.8 FTE
OT
L. Payton 0.7
P. Putney 1.0
A. Pesce 0.1
2556 0.5 FTE
Per Diem PT
G. Love
E. Zaborowski
2542 0.2 FTE
ST
Contract

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, March 28, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D., Member

1) **CALL TO ORDER**

2) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operation of Community Health Network (CHN)

3) **FOR DISCUSSION:** **PRESENTATION OF THE COMMUNITY HEALTH NETWORK (CHN) COMPLIANCE PROGRAM**
(Dianne Keefer, CHN Compliance Officer)
**Report*

4) **FOR DISCUSSION:** **PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT**
(Ken Jenson, CHN Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION OF THE QUALITY MANAGEMENT PLAN**
(Hiroshi Tokubo, CHN Quality Management Director)
**Report*

6) **FOR DISCUSSION:** **PRESENTATION OF UTILIZATION STATISTICS**
(Diane Miller, CHN Planning Director)

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

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A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN)

Thursday, March 28, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
DPH Staff:	Tony Wagner, Kathy Murphy, Larry Funk, Gene O'Connell, Ken Jensen, Monique Zmuda, Diane Keefer, Art Greenberg, Hiro Tokubo, Diane Miller, Melissa Welch, M.D., and Nancy Arata.

2) EXECUTIVE ADMINISTRATOR'S REPORT
(Tony Wagner, CHN Executive Administrator)

I. NATIONAL ISSUES

A) American Hospital Association 's Region 9 Policy Board Meeting

Mr. Wagner serves as a member of the American Hospital Association's House of Delegates and attended the quarterly meeting of Region 9 Policy Board in San Diego earlier this month. The primary emphasis of the meeting was access and coverage, which focused on the Balanced Budget Relief Act of 2000 and Medicare reform, in a broad sense.

A great deal of time was spent discussing the current nursing shortage and how it differed from previous nursing shortages. Mr. Wagner requested the CHN Nurse Council to review this issue and make recommendations for the CHN.

B. Medical Error Reporting

The issue of medical error reporting has received significant national attention since the release of an Institute of Medicine report on the topic. The report drew national media attention, as well as the attention of Congress and the White House. Policy makers in Washington, D.C. are focused on medical error reporting as a way to reduce and prevent medical errors.

The American Hospital Association (AHA) continues its ongoing efforts to help hospitals and health systems improve patient safety and the quality of care delivered. As part of this effort, AHA launched an initiative in December focusing on improving medication safety, because medications are one of the most common sources of medical errors. AHA will be serving as a clearinghouse of information and resources for members on issues of medication safety. AHA has formed a partnership with the Institute for Safe Medication Practices, recognized as a national expert in medication safety.

In addition, AHA has been working to develop policy and clearly articulate the consensus view of the hospital and health system field on the issue of medical error reporting. AHA has already testified in four separate congressional hearings on the topic, and Congress is poised to legislate in this area. Some of the legislation being discussed is quite onerous, mandating reporting without legal protections, and would focus on punishing the caregivers and organizations involved. We need to ensure that policy makers understand this complex issue, understand our views, and act in ways that will improve patient safety by fixing the problems, not fixing the blame. We also need to act quickly to influence and shape the debate.

II. STATE ISSUES

A. Healthcare Task Force

Ken Jensen and Mr. Wagner serve on a State Healthcare Task Force. The Task Force is comprised of representatives from most of the healthcare professional organizations of California; i.e., the California Healthcare Association (CHA), the Private Essential Access County Hospitals (PEACH), The California Association of Public Hospitals and Health Systems (CAPH), and the United Hospital Association (UHA). The Task Force is attempting to reach a consensus on how hospitals should be credited for care given without reimbursement. The three areas of focus are: 1) uncompensated care, which includes charity care and bad debt; 2) Community benefits; and 3) underpayments. Many issues are still unresolved, and it remains to be seen whether a consensus can be reached on the definitions of the above three categories. Another meeting will be in May.

B. Nursing Homes: State Launches Surprise Inspection Program

The Los Angeles Times reports that State Attorney General Bill Lockyer announced a new "multi-agency effort to conduct surprise inspections" at California's 1,500 nursing homes. "Operation Guardians" comes on the heels of a November congressional report revealing that less than 3% of

Los Angeles County's 439 nursing homes were in "full or substantial compliance" with federal regulations during the most recent annual inspections. Lockyer said, "We want to make sure the problems that currently exist in our nursing homes are aggressively addressed. This is owed to those who contributed their productive years to help the generations that followed." The inspections, meant to supplement routine checks every 15 months, will "focus on nursing homes with the worst records," beginning with those in Los Angeles and then expanding to cover San Francisco and San Diego, Lockyer said. He added, however, that "no facility is immune from a possible inspection." According to the November report from Congress, almost one in five Los Angeles nursing homes had violations that contributed to "actual harm" among residents, or "placed them at risk of death or serious injury." A 1998 General Accounting Office report showed that nearly one-third of all California nursing homes caring for Medicare/Medicaid patients had been cited for "serious care violations." Since then, Lockyer said his office has doubled the State Department of Justice's elder abuse budget to $3 million this fiscal year, and increased the number of investigators from 10 to 20.

The Attorney General's Bureau of Medi-Cal Fraud and Elder Abuse, the State Department of Aging, the Los Angeles County District Attorney's Office, the Los Angeles Fire Department, and safety code enforcement officials will cooperate in the effort. Patricia McGinnis, Director of not-for-profit California Advocates for Nursing Home Reform, said, "We've waited a long time for the Attorney General to make abuse and neglect in California's nursing homes a priority. Now we can tell (nursing home residents) [they] have somewhere to go".

III. LOCAL ISSUES

A. The San Francisco Section of the Northern and Central Hospital Council Retreat

Larry Funk, Gene O'Connell and Tony Wagner attended a retreat sponsored by the San Francisco Section of the Hospital Council at the end of last month. All hospital CEO's of the City attended. There seemed to be a genuine desire among the hospital leaders to collaborate to improve healthcare delivery, access and quality to San Franciscans. Also, there was a desire to discuss both the "big vision" of possibilities over the long-term and practical steps on smaller projects to prove that the group could really work together.

Three areas on which the CHN might collaborate include the following: 1) Establish a plan for creating a public/private funded and administrated multidisciplinary detoxification/behavioral health center; 2) Plan and implement the process to add a defined number of skilled nursing beds in San Francisco to allow for appropriate settings for patient discharge; and 3) Develop a plan to enhance the number of specified healthcare workers, e.g.: home health aides and certified nurse assistants. Mr. Wagner will keep the Commission apprised of actions by the Section.

B. Goldman Institute on Aging Retreat

Last Saturday, Mr. Wagner attended a half-day retreat as a member of the Goldman Institute on Aging Board. He believes there are potential areas of collaboration with Goldman that could possibly yield new revenue to the CHN. Mr. Wagner has scheduled a meeting with Goldman's President and CEO, Steve Gold, and Ken Jensen.

C. San Francisco Community Consortium (SFCCC)

Mr. Wagner recently met with the leadership of the SFCCC. He reaffirmed the DPH/CHN commitment to not only continue, but strengthen our relationship. There will be a focus on three areas: 1) Finalizing a Memorandum of Understanding between the CHN and the SFCCC;

2) Install the CHN lifetime clinical record in those SFCCC clinics; and 3) Collaborate in the completion of a Health Resource and Services Administration Community Access Program Grant.

The above grant is to assist communities and their safety net providers in developing integrated healthcare delivery systems that serve the uninsured and underinsured with greater efficiency and improved quality of care. Twenty five million dollars in available funding has been appropriated under the Fiscal Year 2000 Health and Human Services Appropriation Act. Tangerine Brigham is coordinating DPH Planning efforts, and Diane Miller is the CHN representative. CHN will be working very closely with the SFCCC in developing this grant.

D. Alternative Medicine in the CHN

The CHN is responding to an inquiry by Supervisor Mabel Teng regarding acupuncture services for patients and clients of the CHN. Recommendations have been developed by the Integrative Therapies Committee of the SFGH Medical Staff. The Committee's members include physicians (including ones trained in acupuncture), nurses, and an attorney. All components of the CHN are represented on the Committee.

Supervisor Teng's interest has focused on acupuncture services more than in the acute care setting. At this time, SFGH has granted privileges to five physicians on its staff to provide these services. Additionally, two community-based health centers have contracts with licensed acupuncturists from the community who are not physicians. These contracts are funded by the Ryan White Grant. Acupuncture has traditionally been provided only as an outpatient service. Providing this modality in an inpatient setting is breaking new ground and gives rise to numerous complexities.

CHN will continue to strive to expand these services and have a number of providers who are very dedicated to this goal. However, the expansion of services cannot come at the expense of legal liability, fiscal responsibility, or safe clinical practice.

The recommendations from Integrative Therapies Committee are being forwarded to the CHN Leadership Group and the SFGH Credentials Committee for review and consideration.

Commissioner Sanchez pointed out the importance of participating in the public comment process on the issue of medical error reporting.

Commissioner Chow commented that the nursing home inspection program points out the lack of State oversight.

Commission Chow again pointed out the importance of looking at the experience and effectiveness of the Department's alternative treatment modalities (i.e., acupuncture). He has requested several times from the Department to look at their effectiveness.

3) PRESENTATION OF THE CHN COMPLIANCE PROGRAM

(Dianne Keefer, CHN Compliance Officer)

Ms. Keefer provided an overview of the CHN Compliance Program, which promotes compliance with Federal, State, and local laws and regulations. For a copy of the presentation, contact the Commission Office (554-2666). The purpose of the Compliance Program is to detect, prevent and correct any practices that could result in fraud or abuse of the government rules pertaining to healthcare.

The Compliance Program is:

- A program that promotes corporate integrity
- A program that encourages prevention, detection, and resolution of conduct that does not conform to:
    - Federal and State laws and regulations
    - Federal, State and private payer health care program requirements
    - the CHN's ethical and business policies

The seven key elements of a Compliance Program are:

1. Leadership commitments, including the appointment of a Compliance Officer, other governing bodies
2. Written standards of conduct, policies and procedures promoting compliance
3. Employee education and training
4. A process to receive complaints and reports of alleged non-compliance
5. Enforcement and discipline standards for compliance violations
6. Auditing and monitoring methods to review identified problems
7. Investigation and corrective action procedures.

The Compliance Program includes a code of conduct for employees: obey the law, quality health care, ethical conduct, confidentiality, billing/coding practices, and report possible violations.

Monique Zmuda, CFO of DPH, reported that the PHP Division is also developing a compliance program.

Commissioners commended Ms. Keefer for a comprehensive and impressive compliance program.

4) PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT

(Ken Jensen, CHN Chief Financial Officer)

Mr. Jensen presented a revenue and expense summary for the CHN (Attachment A).

Commissioner Chow requested to continue the CHN Finance Report for the JCC-CHN.

5) PRESENTATION OF THE QUALITY MANAGEMENT PLAN

(Hiroshi Tokubo, CHN Quality Management Director)

Mr. Tokubo presented the CHN Performance Improvement Program by defining the scope of services (Attachment B), which include quality improvement, risk management, external regulatory affairs, medical staff services, utilization management, and policies/procedure practice standards/guidelines.

Dr. Melissa Welch, Chief Medical Officer, reported that multidisciplinary groups are developing the standard practices for networkwide performance standards.

CHN staff commended Mr. Tokubo for his work in his initial three months as the CHN Quality Management Director.

6) PRESENTATION OF UTILIZATION STATISTICS

(Diane Miller, CHN Planning Director)

Ms. Miller presented the CHN Utilization Trends, 1993-94 through projected 1999-00, including SFGH Primary Care, community-based primary care, outpatient medical/ surgical specialty services, need for emergency and urgent care services, inpatient use, and home health care. A copy of the Utilization Statistics is available in the Commission Office.

Ms. Miller also presented a schematic viewing utilization in context of issues facing the CHN (Attachment C).

Commissioner Chow encouraged the Department to utilize data for the primary care issues.

Mr. Wagner acknowledged Diane Miller and Anson Moon for the data collection within the CHN.

7) OTHER BUSINESS/PUBLIC COMMENTS

None

The meeting was adjourned at 5:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

San Francisco General Hospital
Revenue & Expense Summary
January 2000

The five-month report for San Francisco General Hospital presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be over $9 million if no initiatives were implemented. It was indicated then that initiatives would be implemented that would reduce the negative variance to $6 million before the end of the fiscal year. As of the end of January, 2000, it appears that this goal will be attained. This has been accomplished by maintaining a minimum of 245 vacancies and placing restrictions on the use of overtime and as-needed personnel.

Specifically:

• **PATIENT REVENUE** is expected to be $13.4 million under expectations (9.6%) due primarily to an increase of $8 million in bad debt, $2 million in reduced Medicare reimbursement, $2 million shortfall in Short Doyle payments, and $1.4 million under-expectation in capitation IHSS revenue.	<$13.4M>
• **OTHER REVENUE** is expected to be $4 million better than budget (1.3%) due primarily to $2 million increase in SB1255 payments, $1 million increase in Realignment revenue, and an additional $0.5 million in GME revenue.	$4.0M
• **EXPENSES** are expected to be $3.3 million (0.7%) better than expected. Salaries are $0.4 million better than budget; materials and services are $3.1 million better than budget; and IHSS expenditures are $1.9 million lower than expected. It should be noted that "non-controllable" employee benefits are expected to be $2 million over budget.	$3.3M
Net Variance (1.3%)	**<$6.1M>**

An uncertainty is not reflected in the projections. Management recently was verbally advised that there may be further erosion of SB855 (Disproportionate Share) payments.

- **STATISTICS**

YTD – Net Revenue/adjusted patient day	$1,361
Cost/adjusted patient day	$1,427
FTEs (incl. UC)/adjusted occupied bed	5.0
YTD Average Daily Census – total	431
– excluding MHRF	306

Community Health Network of San Francisco
Revenue & Expense Summary
January 2000

Primary Care Clinics

The five-month report for Primary Care Clinics presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be over $4.1 million if no initiatives were implemented. It was indicated then that initiatives would be implemented that would reduce the negative variance to $3 million before the end of the fiscal year. As of the end of January, 2000, it appears that the target has not been met yet mainly due to revenue shortfall.

Specifically:

• **PATIENT REVENUE** is expected to be $4.3 million below expectation (12.4%) due primarily to $2.7 million in reduction of Medi-Cal reimbursement (FQHC reimbursement reduced from $166 to $158 per visit), an increase of $1.0 million in bad debt, and $0.7 million in prior two years Medi-Cal settlements.	<$4.3M>
• **EXPENSES** are expected to be $0.2 million (0.6%) better than expected. Salaries are $0.1 million above budget as a result of unmet salary savings; materials and services are hoped to be $0.5 million better than budget. It should be noted that "non-controllable" employee benefits are expected to be $0.2 million over budget.	$0.2M

Net Variance (11.8%)	**<$4.1M>**
	=========

Forensic Services

The five-month report for Forensic Services presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be over $1.1 million if no initiatives were implemented. It was indicated then that initiatives would be implemented that would reduce the negative variance to $0.8 million before the end of the fiscal year. As of the end of January, 2000, it appears that the target does not seem likely to be met.

Specifically:

• **EXPENSES** are expected to be $0.9 million (4.2%) above budget. Salaries are $0.4 million above budget as a result of unmet salary savings. Materials and services are expected to be $0.1 million above budget, primarily due to overspending in pharmaceuticals, which shows a continued trend. It should be noted that "non-controllable" employee benefits are expected to be $0.4 million over budget.	<$0.9M>
Net Variance (4.2%)	**<$0.9M>**

Health At Home

The five-month report for Health At Home presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be $0.1 million. It was indicated then that a balanced budget would be expected before the end of the fiscal year. As of the end of January, 2000, Health At Home is reported to show a surplus of $0.7 million.

Specifically:

• **PATIENT REVENUE** is expected to be $0.1 million better than expectation (3.2%) due primarily to an increase in Medi-Cal revenue.	$0.1M
• **EXPENSES** are expected to be $0.6 million (14.7%) better than budget.	$0.6M
Net Variance (17.9%)	**$0.7M**

Laguna Honda Hospital
Revenue & Expense Summary
January 2000

The five-month report for Laguna Honda Hospital presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be $825,000 if no initiatives were implemented. It was indicated then that initiatives would be implemented that would eliminate the negative variance by fiscal year end. As of the end of January 2000 it appears that this goal will be attained. This will be accomplished by the following:

• **PATIENT REVENUE** is expected to be $1.2 above expectations due to volume greater than budget (1%) and a Medi-Cal $2.78/day SNF rate increase effective 1/1/00.	$1.2M
• **OTHER REVENUE** is expected to be $1.2 above budget due to a settlement of a CHA lawsuit with DHS regarding the FY 1995/96rate increase. Laguna Honda is expecting an adjustment increase of $3.18 per Medi-Cal day.	$1.2M
• **EXPENSES** are expected to be $3.0 million greater than budget due to salaries and fringe benefits ($1.6M), materials and supplies – primarily pharmaceuticals ($.6M), work orders and worker's compensation ($.5M), and close observation staffing increases ($.3M).	<$3.0M>
Net Variance	<$.6M>

NOTE: In order to reduce the deficit by fiscal year end the Laguna Honda roof repair project will be downsized.

- **STATISTICS**

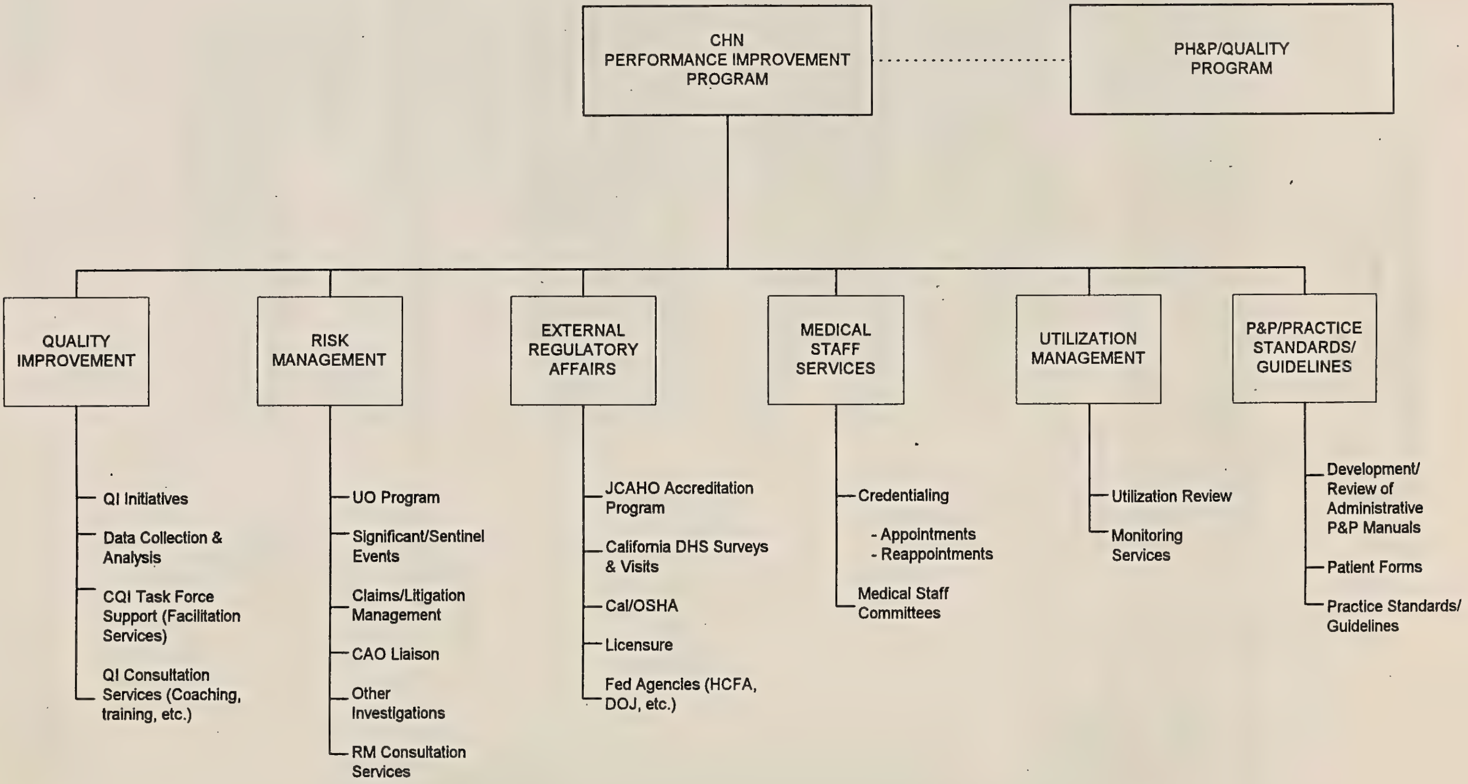
YTD – Net Revenue/adjusted patient day	$232
Cost/adjusted patient day	$330
FTEs/adjusted occupied bed	1.4
YTD Average Daily Census – total	1,071

Community Health Network
Summary
January, 2000

	5 Month Projection	Committed	Anticipated
SFGH	$9.0m	<$6.0m>	<$6.1m>
Primary Care	4.1m	<3.2m>	<4.1>
Jail	1.1m	<0.8>	<0.9>
Health at Home	0	0	0.7
LHH	0	0	<0.6>
Totals	14.2m	<10.0>	<11.0>

SCOPE OF SERVICES

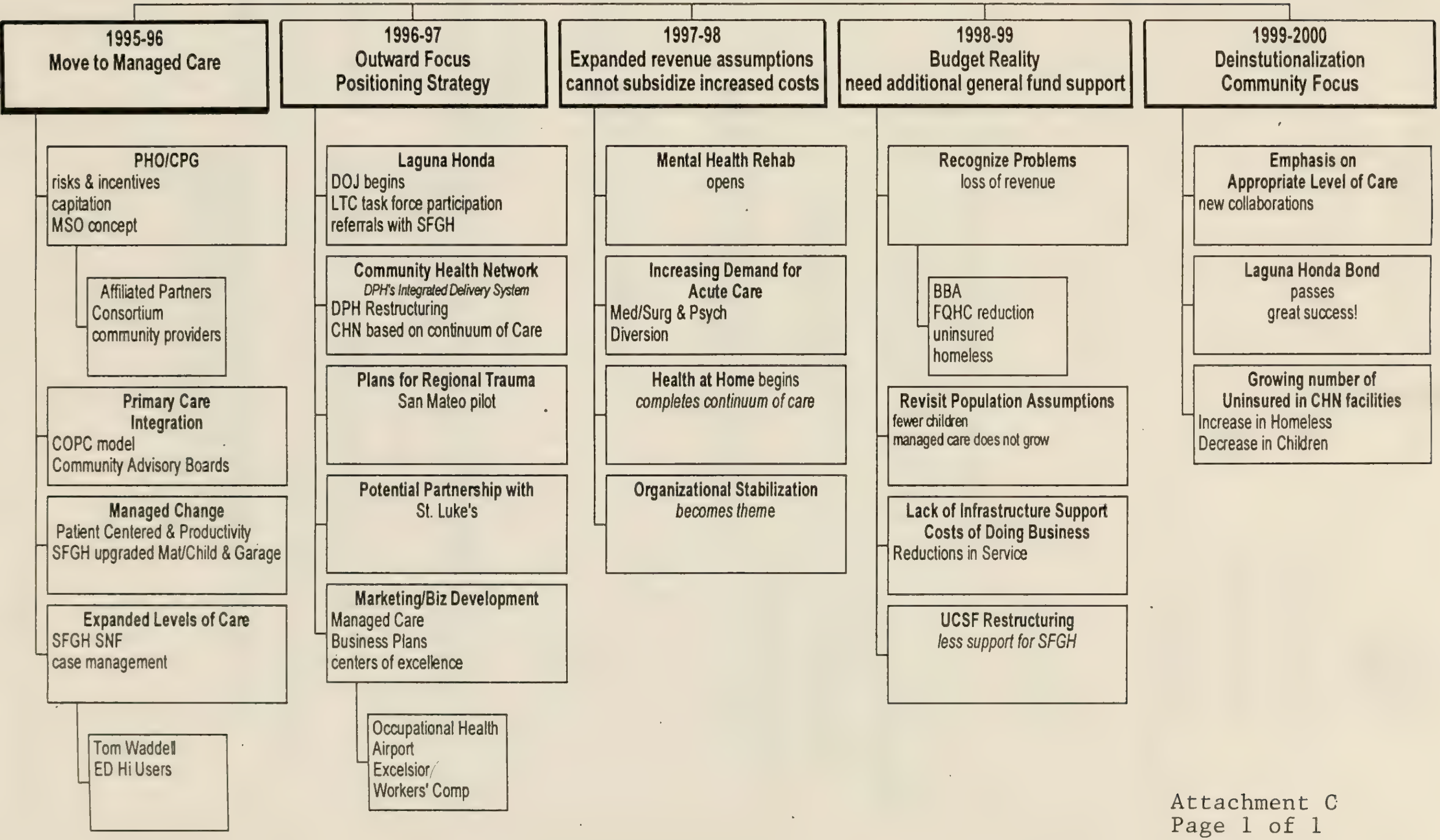
Not An Organization Chart


CHN
PERFORMANCE IMPROVEMENT
PROGRAM
PH&P/QUALITY
PROGRAM
QUALITY
IMPROVEMENT
QI Initiatives
Data Collection &
Analysis
CQI Task Force
Support (Facilitation
Services)
QI Consultation
Services (Coaching,
training, etc.)
RISK
MANAGEMENT
UO Program
Significant/Sentinel
Events
Claims/Litigation
Management
CAO Liaison
Other
Investigations
RM Consultation
Services
EXTERNAL
REGULATORY
AFFAIRS
JCAHO Accreditation
Program
California DHS Surveys
& Visits
Cal/OSHA
Licensure
Fed Agencies (HCFA,
DOJ, etc.)
MEDICAL
STAFF
SERVICES
Credentialing
- Appointments
- Reappointments
Medical Staff
Committees
UTILIZATION
MANAGEMENT
Utilization Review
Monitoring
Services
P&P/PRACTICE
STANDARDS/
GUIDELINES
Development/
Review of
Administrative
P&P Manuals
Patient Forms
Practice Standards/
Guidelines

Attachment B
Page 1 of 1

CHN Key Events 1995-2000

viewing utilization in context of issues facing CHN



- **1995-96**
Move to Managed Care
  - **PHO/CPG** – risks & incentives; capitation; MSO concept
    - Affiliated Partners; Consortium; community providers
  - **Primary Care Integration** – COPC model; Community Advisory Boards
  - **Managed Change** – Patient Centered & Productivity; SFGH upgraded Mat/Child & Garage
  - **Expanded Levels of Care** – SFGH SNF; case management
    - Tom Waddell; ED Hi Users
- **1996-97**
Outward Focus
Positioning Strategy
  - **Laguna Honda** – DOJ begins; LTC task force participation; referrals with SFGH
  - **Community Health Network** *DPH's Integrated Delivery System* – DPH Restructuring; CHN based on continuum of Care
  - **Plans for Regional Trauma** – San Mateo pilot
  - **Potential Partnership with St. Luke's**
  - **Marketing/Biz Development** – Managed Care; Business Plans; centers of excellence
    - Occupational Health; Airport; Excelsior/; Workers' Comp
- **1997-98**
Expanded revenue assumptions
cannot subsidize increased costs
  - **Mental Health Rehab** opens
  - **Increasing Demand for Acute Care** – Med/Surg & Psych; Diversion
  - **Health at Home begins** *completes continuum of care*
  - **Organizational Stabilization** *becomes theme*
- **1998-99**
Budget Reality
need additional general fund support
  - **Recognize Problems** – loss of revenue
    - BBA; FQHC reduction; uninsured; homeless
  - **Revisit Population Assumptions** – fewer children; managed care does not grow
  - **Lack of Infrastructure Support Costs of Doing Business** – Reductions in Service
  - **UCSF Restructuring** *less support for SFGH*
- **1999-2000**
Deinstutionalization
Community Focus
  - **Emphasis on Appropriate Level of Care** – new collaborations
  - **Laguna Honda Bond** – passes; great success!
  - **Growing number of Uninsured in CHN facilities** – Increase in Homeless; Decrease in Children

Attachment C
Page 1 of 1

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

DOCUMENTS DEPT.

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JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, April 25, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR FEBRUARY 24, 2000 AND MARCH 28, 2000**
**Minutes for February 24 and March 28.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION:** **PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT**
(Ken Jensen, CHN Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION ON PRIMARY CARE**
(Dr. Melissa Welch, CHN Chief Medical Officer)
**Report.*

6) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away*)*, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)

Thursday, April 25, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:15 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
DPH Staff:	Tony Wagner, Gene O'Connell, Dr. Melissa Welch, Jan Murphy, Dr. David Ofman, Hiro Tokubo, Monique Zmuda, Nancy Arata, Ken Jensen, Tangerine Brigham, Jimmy Loyce, and Dr. Mitch Katz.

2) APPROVAL OF MINUTES OF THE REGULAR MEETINGS OF FEBRUARY 24, AND MARCH 28, 2000

Action Taken: The Committee adopted the minutes of February 24 and March 28, 2000

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)

National Issues

Letter to Senator Arlen Specter Re: Effects of the Balanced Budget Act of 1997 (BBA) on the Community Health Network (CHN).

Senator Arlen Specter of Pennsylvania and Congresswoman Nancy Pelosi visited San Francisco General Hospital Medical Center (SFGHMC) earlier this year. Senator Specter asked how did the BBA affect the CHN. Mr. Wagner sent him a letter detailing CHN's experience.

State Issues

Unannounced JCAHC Surveys: Hospital Bill of Rights

At its July 30-31, 1999 meeting, the Board of Commissioners of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), approved revisions to the Joint Commission's Random Unannounced Survey policy that made unannounced, on-site visits truly unannounced. Prior to that time, hospitals had received anywhere from a few days to a week's notice to assure the appropriate people would be available when the Joint Commission appeared. The Joint Commission Board made the decision to implement actual unannounced surveys after a report was released by the Department of Health and Human Services, Office of the Inspector General, titled *"The External Review of Hospital Quality"*. The Report resulted in unflattering media coverage for the Health Care Financing Administration, the Joint Commission and accredited hospitals relating to quality assurance processes. The Joint Commission Board considered unannounced surveys of this type to be preferable to the introduction of unannounced full, triennial surveys.

Hospitals experiencing unannounced surveys after the Board's decision were subject to less than optimal conditions. Surveyors appeared without notice and were frequently punitive and demanding. Subsequently, the Hospital Bill of Rights was developed to create a guide for hospitals undergoing unannounced surveys, and for CHA to use in its advocacy with AHA and JCAHO. It remains to be seen how the JCAHO will respond to this recommendation. As you know, long-term care facilities have been subject to unannounced HCFA surveys to sometime.

AB 2901 (Assembly Health Committee) Disproportionate Share Hospital (DSH) Consensus Agreement

California hospitals, including the California Healthcare Association, the University of California, the California Association of Public Hospitals and Health Systems, (including Los Angeles County), Private Essential Access Community Hospitals, the Association of California Healthcare Districts, and the California Children's Hospital Association, have united behind AB 2901 to preserve the health care safety net and to stabilize the Medi-Cal Disproportionate Share Hospital (DSH) program.

The principle features of this urgency measure are:

- A permanent measure which preserves the DSH program beginning in FY 2001;
- Maximizes California's allocation of federal DSH dollars;
- Stabilizes funding between the public and private DSH hospitals;

- Creates a mechanism to distribute any additional federal DSH funds;
- Benefits all DSH hospitals and provides additional consideration to public and children's hospitals; and
- Continues the obligation of public entities to transfer necessary matching funds or federal Medi-Cal dollars, but eliminates the state's "rake off" imposed on these entities during the recession of the 1990s.

AB 2901 is critically important to the provision of health care for the poor and uninsured in California. Agreement has been reached on all of the above principles. There yet remains one major issue to be decided.

4) PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT

(Ken Jensen, CHN Chief Financial Officer)

Mr. Jensen presented the revenue and expense summaries for San Francisco General Hospital, Laguna Honda Hospital, and Community Health Network (Attachment A).

Commissioner Chow commended and acknowledged staff for their hard work in cutting expenses and staying within the expense budget. He pointed out it is really the revenue shortfall that negatively impacts the budget. He also supported the idea of displaying the budget information by explaining the elimination of decertified days instead of the closure of wards.

5) PRESENTATION ON PRIMARY CARE

(Dr. Melissa Welch, CHN Chief Medical Officer)

Dr. Welch, CHN Chief Medical Officer, gave an overview of the CHN Primary Care Division's internal assessment process for primary care, with the goal of the process to evaluate and provide recommendations on the most efficient way to deliver community-based primary care services within the CHN primary care clinics, (Attachment B). A Primary Care Internal Assessment Task Force, chaired by Jan Murphy and Dr. David Ofman, is being formed.

Dr. Welch also reported on the Complementary Alternative Medicine (CAM) survey to determine providers' beliefs of the efficacy of the spectrum of CAM therapies and whether these therapies should be made available to CHN patients. She provided the survey overview and findings. The results show support among providers in the CHN for the establishment for a CAM program, with the strongest support for acupuncture. Another survey of patients and their interests in CAM therapies will be conducted.

Jan Murphy, Primary Care Administrator, reported on a primary care quality improvement activity, the Immunization Shoebox Project, which was devised to improve the extremely low rates of up-to-date immunization for children 0-35 months of age.

The Immunization Shoebox intervention includes four phases: a) entering each child's immunization history into the LCR; 2) entering each subsequent immunization into the LCR at the time the immunization is applied; 3) using the LCR to develop a monthly list of children who are due for immunizations; and 4) contacting the parents by phone and/or letter to ask them to bring their child in for immunizations that are due. Children who are receiving their immunizations elsewhere or who have left the DPH health care system are removed from the list. If they return for care at a subsequent time, they again become part of the cohort.

This project has resulted in a significant improvement in the rates of immunizations given on time as well as an improvement in overall rates. This model is also being used for quality improvement issues with compliance and tracking of mammography and Pap screening for early detection of breast and cervical cancer.

Dr. David Ofman, Primary Care Medical Director, reported on the Primary Care Division's quality improvement efforts to ensure patients have a primary care provider (PCP). To date, almost 50,000 patients of the 65,000 total unduplicated primary care clients have an assigned PCP. An additional 6,300 patients have a primary care clinic assigned but no individual PCP.

Commissioner Chow referred to the original 1989 Health Commission Resolution #160-89 on Primary Care, and pointed out the possibility to amend the resolution based on the past 10 years of experience with primary care. He also raised the issue of the Department's formal relationship with the San Francisco Community Clinic Consortium, emphasizing the importance of being linked to the Consortium, defining and optimizing the relationships, and clarifying the partnership. He would like to see how this all fits into the Department's overall Strategic Plan.

As part of the primary care internal Department assessment, Dr. Katz encouraged the Department to determine how the Department fits in the universe of primary care. The Department should provide primary care and coordinate to prevent duplication. He also felt the relationship with the Clinic Consortium is too vague. The relationship could be competitive or complementary. The primary care discussion should include outside providers.

Commissioner Sanchez emphasized the Department's need to look at its own primary care systems and how it fits into the overall Department's Strategic Plan.

Mr. Wagner suggested recommendations for primary care be brought back to the Joint Conference Committee before giving to the full Commission.

Commissioner Chow supports the direction the Department is taking in assessing primary care.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

San Francisco General Hospital
Revenue & Expense Summary
February 2000

The financial situation for San Francisco General Hospital as of the end of February, 2000 shows that the deficit is maintained at the same level of $6.1 million as in January, 2000. Personnel services may be below budget at year-end if vacancies and restrictions on the use of overtime and as-needed personnel continued.

Specifically:

- **PATIENT REVENUE** is expected to be $13.7 million under expectations (9.8%) due primarily to an increase of $8.5 million in bad debt, $0.8 million in reduced Medicare/Medi-Cal reimbursement, $2 million in Short Doyle payments, and $2.4 million in capitation IHSS revenue; $10m in 855 shortfall. <$23.7M>

- **OTHER REVENUE** is expected to be $4 million better than budget (1.3%) due primarily to $2 million increase in SB1255 payments, $1 million increase in Realignment revenue, and an additional $0.5 million in GME revenue. $4.0M

- **EXPENSES** are expected to be $3.6 million (0.8%) better than expected. Salaries are $0.6 million better than budget; materials and services are $3.1 million better than budget; and IHSS expenditures are $1.9 million lower than expected. It should be noted that "non-controllable" employee benefits are expected to be $2 million over budget. $3.6M

Net Variance **<$16.1M>**

=========

- **STATISTICS**

YTD – Net Revenue/adjusted patient day	$1,363
Cost/adjusted patient day	$1,413
FTEs (incl. UC)/adjusted occupied bed	4.9
YTD Average Daily Census – total	436
- excl. MHRF	308

Laguna Honda Hospital
Revenue & Expense Summary
February 2000

The five-month report for Laguna Honda Hospital presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be $825,000 if no initiatives were implemented. It was indicated then that initiatives would be implemented that would eliminate the negative variance by fiscal year end. As of the end of February 2000 it appears that this goal will be attained. This will be accomplished by the following:

• **PATIENT REVENUE** is expected to be $1.2 above expectations due to volume greater than budget (1%) and a Medi-Cal $2.78/day SNF rate increase effective 1/1/00.	$1.2M
• **OTHER REVENUE** is expected to be $1.2 above budget due to a settlement of a CHA lawsuit with DHS regarding the FY 1995/96rate increase. Laguna Honda is expecting an adjustment increase of $3.18 per Medi-Cal day.	$1.2M
• **EXPENSES** are expected to be $3.0 million greater than budget due to salaries and fringe benefits ($1.6M), materials and supplies – primarily pharmaceuticals ($.6M), work orders and worker's compensation ($.5M), and close observation staffing increases ($.3M).	<$3.0M>
Net Variance	<$.6M>

NOTE: In order to reduce the deficit by fiscal year end the Laguna Honda roof repair project will be downsized.

- **STATISTICS**

YTD – Net Revenue/adjusted patient day	$233
Cost/adjusted patient day	$329
FTEs/adjusted occupied bed	1.4
YTD Average Daily Census – total	1,069

Community Health Network of San Francisco
Revenue & Expense Summary
February 2000

Primary Care Clinics

The eight-month report for Primary Care Clinics shows a projected deficit of $3.8 million, slightly better than the five-month report presented to the Health Commission, indicating that the negative variance from budget for the 99/00 fiscal year would be over $4.1 million if no initiatives were implemented. The need still exists to implement initiatives to reduce the negative variance to $3 million before the end of the fiscal year. It appears that the target has not been met yet mainly due to revenue shortfall.

Specifically:

• **PATIENT REVENUE** is expected to be $3.9 million below expectation (11.1%) due primarily to $2.2 million in reduction of Medi-Cal reimbursement (FQHC reimbursement reduced from $166 to $158 per visit), an increase of $1.0 million in bad debt, and $0.7 million in prior two years Medi-Cal settlements.	<$3.9M>
• **EXPENSES** are expected to be $67,000 (0.2%) better than expected. Salaries are $0.2 million above budget as a result of unmet salary savings; materials and services are hoped to be $0.5 million better than budget. It should be noted that "non-controllable" employee benefits are expected to be $0.2 million over budget.	$67K

Net Variance (10.9%)	**<$3.8M>**
	=========

Forensic Services

As of the end of February, 2000, Forensic Services projects a deficit of $1 million, similar to the $1.1 million shortfall in the five-month report presented to the Health Commission.

Specifically:

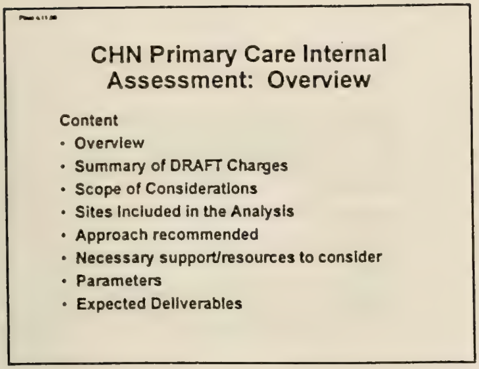
• **EXPENSES** are expected to be $1.0 million (4.7) above budget. Salaries are $0.4 million above budget as a result of unmet salary savings. Materials and services are expected to be $0.2 million above budget, primarily due to overspending in pharmaceuticals, which shows a continued trend. It should be noted that "non-controllable" employee benefits are expected to be $0.4 million over budget.	<$1.0M>
Net Variance (4.7%)	**<$1.0M>**

Health At Home

The five-month report for Health At Home presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be $0.1 million. It was indicated then that a balanced budget would be expected before the end of the fiscal year. As of the end of February, 2000, Health At Home is reported to show a surplus of $0.7 million.

Specifically:

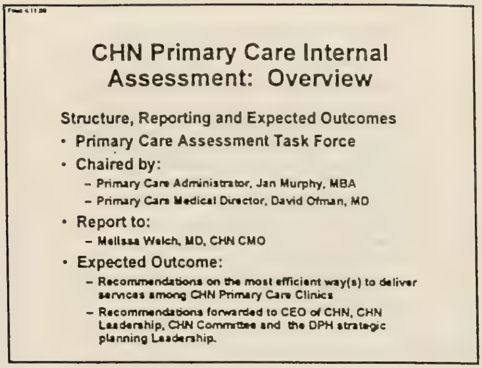
• **PATIENT REVENUE** is expected to be $0.1 million better than expectation (3.1%) due primarily to an increase in Medi-Cal revenue.	$0.1M
• **EXPENSES** are expected to be $0.6 million (14.8%) better than budget.	$0.6M
Net Variance (18.0%)	**$0.7M**



CHN Primary Care Internal Assessment: Overview

Content

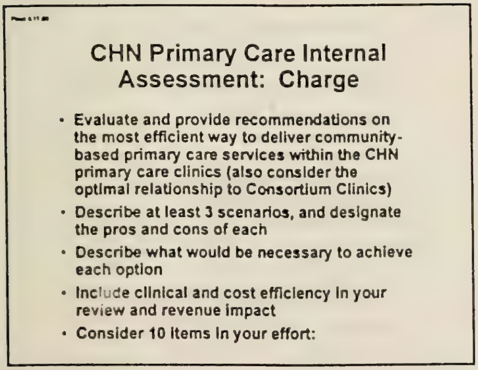
- Overview
- Summary of DRAFT Charges
- Scope of Considerations
- Sites Included in the Analysis
- Approach recommended
- Necessary support/resources to consider
- Parameters
- Expected Deliverables



CHN Primary Care Internal Assessment: Overview

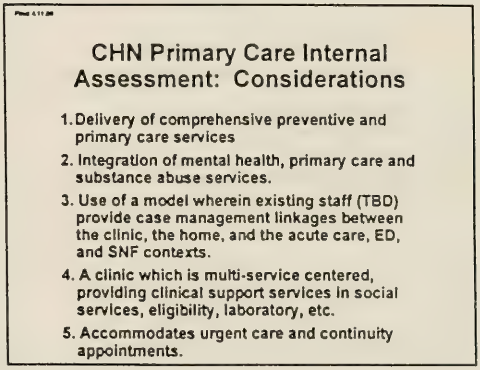
Structure, Reporting and Expected Outcomes

- Primary Care Assessment Task Force
- Chaired by:
  - Primary Care Administrator, Jan Murphy, MBA
  - Primary Care Medical Director, David Ofman, MD
- Report to:
  - Melissa Welch, MD, CHN CMO
- Expected Outcome:
  - Recommendations on the most efficient way(s) to deliver services among CHN Primary Care Clinics
  - Recommendations forwarded to CEO of CHN, CHN Leadership, CHN Committee and the DPH strategic planning Leadership.



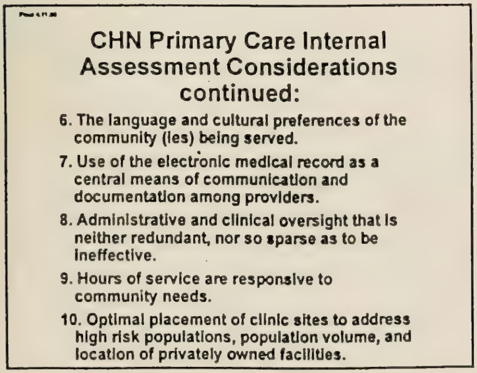
CHN Primary Care Internal Assessment: Charge

- Evaluate and provide recommendations on the most efficient way to deliver community-based primary care services within the CHN primary care clinics (also consider the optimal relationship to Consortium Clinics)
- Describe at least 3 scenarios, and designate the pros and cons of each
- Describe what would be necessary to achieve each option
- Include clinical and cost efficiency in your review and revenue impact
- Consider 10 items in your effort:



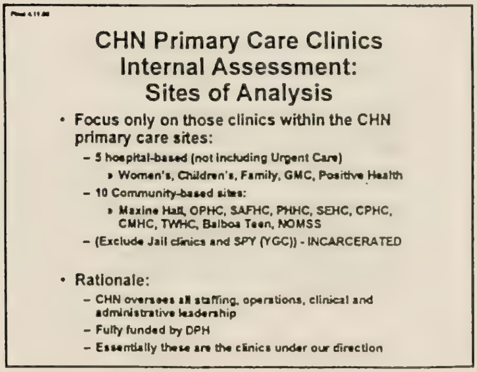
CHN Primary Care Internal Assessment: Considerations

1. Delivery of comprehensive preventive and primary care services
2. Integration of mental health, primary care and substance abuse services.
3. Use of a model wherein existing staff (TBD) provide case management linkages between the clinic, the home, and the acute care, ED, and SNF contexts.
4. A clinic which is multi-service centered, providing clinical support services in social services, eligibility, laboratory, etc.
5. Accommodates urgent care and continuity appointments.



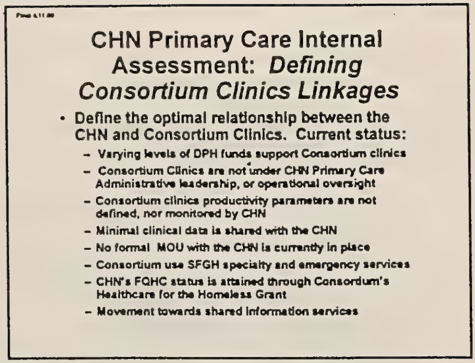
CHN Primary Care Internal Assessment Considerations continued:

6. The language and cultural preferences of the community (ies) being served.
7. Use of the electronic medical record as a central means of communication and documentation among providers.
8. Administrative and clinical oversight that is neither redundant, nor so sparse as to be ineffective.
9. Hours of service are responsive to community needs.
10. Optimal placement of clinic sites to address high risk populations, population volume, and location of privately owned facilities.



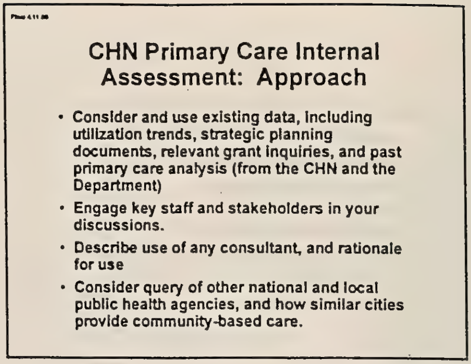
CHN Primary Care Clinics Internal Assessment: Sites of Analysis

- Focus only on those clinics within the CHN primary care sites:
  - 5 hospital-based (not including Urgent Care)
    - Women's, Children's, Family, GMC, Positive Health
  - 10 Community-based sites:
    - Maxine Hall, OPHC, SAFHC, PHHC, SEHC, CPHC, CMHC, TWHC, Balboa Teen, NOMSS
  - (Exclude Jail clinics and SPY (YGC)) - INCARCERATED
- Rationale:
  - CHN oversees all staffing, operations, clinical and administrative leadership
  - Fully funded by DPH
  - Essentially these are the clinics under our direction



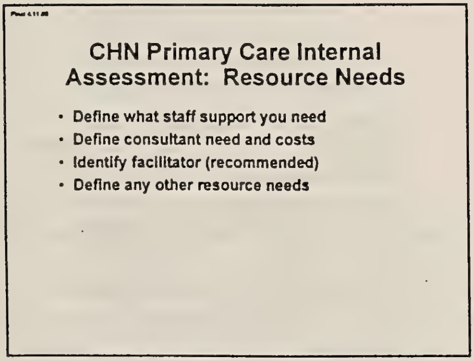
CHN Primary Care Internal Assessment: *Defining Consortium Clinics Linkages*

- Define the optimal relationship between the CHN and Consortium Clinics. Current status:
  - Varying levels of DPH funds support Consortium clinics
  - Consortium Clinics are not under CHN Primary Care Administrative leadership, or operational oversight
  - Consortium clinics productivity parameters are not defined, nor monitored by CHN
  - Minimal clinical data is shared with the CHN
  - No formal MOU with the CHN is currently in place
  - Consortium use SFGH specialty and emergency services
  - CHN's FQHC status is attained through Consordum's Healthcare for the Homeless Grant
  - Movement towards shared information services



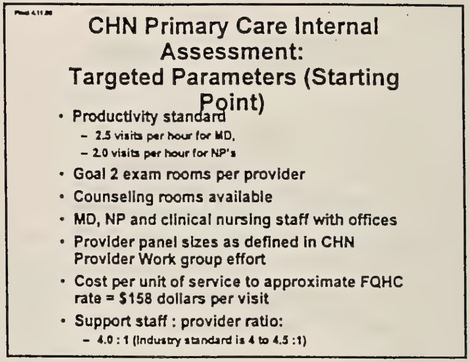
CHN Primary Care Internal Assessment: Approach

- Consider and use existing data, including utilization trends, strategic planning documents, relevant grant inquiries, and past primary care analysis (from the CHN and the Department)
- Engage key staff and stakeholders in your discussions.
- Describe use of any consultant, and rationale for use
- Consider query of other national and local public health agencies, and how similar cities provide community-based care.



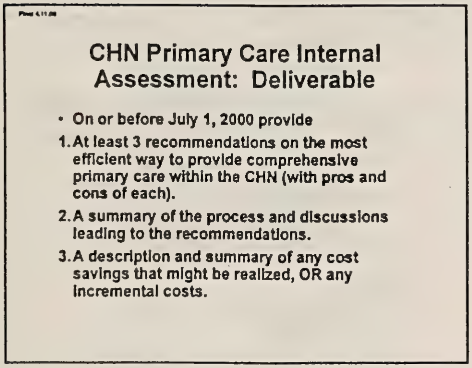
CHN Primary Care Internal Assessment: Resource Needs

- Define what staff support you need
- Define consultant need and costs
- Identify facilitator (recommended)
- Define any other resource needs



CHN Primary Care Internal Assessment: Targeted Parameters (Starting Point)

- Productivity standard
  - 2.5 visits per hour for MD,
  - 2.0 visits per hour for NP's
- Goal 2 exam rooms per provider
- Counseling rooms available
- MD, NP and clinical nursing staff with offices
- Provider panel sizes as defined in CHN Provider Work group effort
- Cost per unit of service to approximate FQHC rate = $158 dollars per visit
- Support staff : provider ratio:
  - 4.0 : 1 (Industry standard is 4 to 4.5 :1)



CHN Primary Care Internal Assessment: Deliverable

- On or before July 1, 2000 provide

1. At least 3 recommendations on the most efficient way to provide comprehensive primary care within the CHN (with pros and cons of each).
2. A summary of the process and discussions leading to the recommendations.
3. A description and summary of any cost savings that might be realized, OR any incremental costs.

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Department of Public Health
101 Grove Street, Room #311
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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, May 23, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR APRIL 25, 2000**
**Minutes for April 25.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION:** **PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT**
(Ken Jensen, CHN Chief Financial Officer)

5) **FOR DISCUSSION:** **CHARITY CARE IN THE CITY AND COUNTY OF SAN FRANCISCO**
**Report.*

6) **FOR DISCUSSION:** **PROPOSED GENERAL OBLIGATION BOND OF $97 MILLION TO IMPROVE FACILITIES AT SAN FRANCISCO GENERAL HOSPITAL AND COMMUNITY CLINICS**

7) **FOR DISCUSSION:** **UPDATE ON LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT**
**Report.*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN)

Thursday, May 23, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:35 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

DPH Staff: Tony Wagner, Dr. Melissa Welch, Ken Jensen, Monique Zmuda, Hiro Tokubo, Carlos Villalva, Nancy Arata, Larry Funk

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 25, 2000

Action Taken: The Committee adopted the minutes of April 25, 2000, with a correction on page 4, paragraph 4, "The primary care discussion should include outside providers (i.e., St. Luke's and Chinese Hospital).

3) EXECUTIVE ADMINISTRATOR'S REPORT
(Tony Wagner, CHN Executive Administrator)

NATIONAL ISSUES

Health Insurance Portability and Accountability Act Privacy Regulations

In 1996 Congress passed the Health Insurance Portability and Accountability Act, commonly referred to as "HIPPA" or the "Kennedy-Kassebaum Law". This Act required the development of comprehensive national medical record privacy standards. Congress's goal was to allay public concerns regarding access to medical information put into an electronic form.

Last October the Department of Health and Human Services (DHHS) released draft privacy regulations that are extremely onerous and extensive. In fact, preparing the implementation of these regulations has been called more difficult than the Y2K challenge.

Although DHHS received over 55,000 comments on the draft regulations, substantial changes are not expected. Since their goal is to protect patient rights, the cost and difficulties that will be incurred by providers is not of great concern. It is anticipated that the final regulations will be published by October 2000, and providers will be given two years to bring their operations into compliance.

In brief, the Act covers all individually identifiable health information that is, has ever been, or will ever be in an electronic form; i.e., everything. Patient information may be disclosed without the patient's specific authorization for purposes or treatment, payment, and healthcare operations. Healthcare operations include such things as quality assurance, outcomes monitoring, public health reporting, law enforcement, and health oversight. All other disclosures will require the patient's authorization. In our environment, this will particularly have a significant impact on research.

The Act also has strict requirements in the following four areas:

1. Administrative Procedures: This section requires the designation of a privacy officer, the development of policies and procedures in 12 distinct areas, the maintenance of evidence of compliance with the policies and procedures, and training for all members of the workforce, including an attestation every three years from each employee that he/she will honor the privacy policies and procedures.

2. Physical Safeguards: This section includes the physical protection of data systems from harm, protocols and monitoring to control access, and disaster and response recovery plans.

3. Technical Protections Relating to Data Storage: This section requires software controls and protocols related to access and audits.

4. Technical Protections Relating to Access to and Transmission of Data (Encryption): This section requires software controls and protocols to ensure that data cannot easily be accessed, intercepted or interpreted by unauthorized third parties.

It should also be noted that these regulations will have real teeth, as violations may subject organizations and individuals to civil monetary penalties and criminal penalties may be sought for intentional disclosures. Additionally, organizations may be held liable for the non-compliance of their business partners and contractors.

CHN is taking these regulations extremely seriously and is responding proactively rather than waiting until the final regulations are published. At this time CHN is appointing a committee to assess this matter and develop initial recommendations that will be forwarded to the Department of Public

Health Administrative Review Group for consideration. The charge for this committee will be to track the legislation, assess CHN information systems and current practices, and identify those areas in which CHN is not in compliance and which will be the most difficult to obtain compliance for.

The Department will bring a policy recommendation to the Commission.

LOCAL ISSUES

CHN Will Implement and Monitor all FY 2000-01 Program Initiatives and Expenditure Budgets.
Mr. Wagner requested staff to develop a monitoring tool for all approved CHN program initiatives and expenditure budgets for FY 2000-01. New initiatives will be monitored to assess whether programmatic and fiscal goals are being met. Expenditure budgets will be monitored for every payroll period. Line program management and finance staff has already begun to collaborate in this effort. CHN will focus on all initiatives, including the outpatient wound care program, the Level 1 trauma enhancements, the Laguna Honda special units, the San Francisco General (SFGH) outpatient pharmacy closure and the recent agreement lead by Mayor Brown to fill the freed-up acute SFGH psychiatry beds with sponsored patients. CHN will officially commence monitoring these programs on July 1st. It is CHN's intention to inform and include all stakeholders of the goals of these programs and expenditure budgets. It is also CHN's intention to hold them accountable to the goals.

Continued Discussions with St. Luke's Hospital
The CHN is continuing their attempts to identify possible areas of collaboration with St. Luke's Hospital. Ken Jensen and Mr. Wagner recently met with the CEO and CFO of St. Luke's in this regard. Messrs. Wagner and Jensen also responded to concerns that acute psychiatric patients currently admitted to St. Luke's through the Department's Community Mental Health Service may be substantially reduced, since the CHN will now attempt to fill emptied acute psychiatry beds with the sponsored patients currently being admitted to St. Luke's and other private hospitals.

Transitions
Mr. Wagner reported the departure of three major contributors to the CHN.

Dolores Gomez, RN, MS, Associate Administrator for Acute Care Services and Chief Nursing Officer for San Francisco General Hospital Medical Center has resigned effective June 9, 2000 to take a new position with Kaiser South Bay as a Patient Care Team Leader. Dolores Gomez first joined our organization as an Assistant Director of Nursing eight years ago.

Doreen Dare, RN, MS., Director of Education and Training resigned effective May 15. She has taken a new position in Alameda County. Doreen Dare has been with the Department of Public Health for 23 years. She first joined DPH as a graduate staff nurse at San Francisco General Hospital.

Both Dolores and Doreen served crucial roles in the Community Health Network and will be greatly missed. Gene O'Connell, Executive Administrator of the San Francisco General Hospital Medical Center, is currently evaluating how these two key positions might be filled. She will make her recommendations to the CHN Leadership Group.

Shirley Rodriques, Administrative Assistant to Mr. Wagner, will begin working for the Public Utilities Commission's General Manager May 30th. Shirley joined the Department of Public Health fourteen years ago and has been an invaluable member of Mr. Wagner's staff for the past two years.

Commissioners Chow and Sanchez raised issues around retention of staff with salaries, incentives, special recognition, and opportunities for housing.

Commissioner Chow acknowledged the excellent presentation on primary care by Dr. Melissa Welch at the last Commission meeting. The presentation raised the level of the Commission's awareness for primary care.

4) PRESENTATION OF THE COMMUNITY HEALTH NETWORK FINANCIAL REPORT

(Ken Jensen, CHN Chief Financial Officer)

Ken Jensen, CHN Chief Finance Officer, presented the March revenue and expenditure summaries for SFGH, LHH and the CHN (Attachment A). He reported that the audit for SFGH has been completed.

Mr. Jensen reported the government is considering imposing other criteria for 1255 funds. If this occurs, it would happen in October. Additionally, there may be a potential increase for SNF rates; and there will be an increase in Medi-Cal rates in the Governor's budget (i.e., 20% for ER physicians and 15% for outpatient physicians.

5) CHARITY CARE IN THE CITY AND COUNTY OF SAN FRANCISCO

Ken Jensen, Chief Finance Office of the CHN, presented information on charity care (Attachment C).

Mr. Wagner stated that presently there are no standard definitions for charity care. The Unions are working on definitions; and the California Hospital Association may not make any recommendations for the definition for charity care. There may be some legislation at the State level.

Commissioner Chow would like to have the Commissioners informed from the different levels of discussion on charity care (i.e., local, State, Unions).

6) PROPOSED GENERAL OBLIGATION BOND OF $97 MILLION TO IMPROVE FACILITIES AT SAN FRANCISCO GENERAL HOSPITAL AND COMMUNITY CLINICS

Gene O'Connell, Executive Administrator for SFGH, and Carlos Villalva, Office of Architecture and Facility Planning at SFGH, presented an overview of the $97 million bond proposal (Attachment D), which includes $1-1/2 million for financing costs.

Once the Commission approves the bond proposal, the next step is the CIAC on June 5, 2000, and the Finance Committee on June 14, 2000.

Commissioner Chow suggested a representative from UCSF be present at the May 30th special Commission meeting to voice its position on the bond proposal. He also expressed that the primary care clinics in the bond should be as specific as possible.

Monique Zmuda, Chief Finance Officer, pointed out highlights in the bond proposal:

- Includes relocation of the public health Lab to SFGH
- Emphasis on upgraded clinical care, not administration

- Renovation of City facilities
- Possibilities for co-location of mental health and primary care
- Minimize controversy (i.e., siting on non-profit mental health or substance abuse programs)

She reported the competing bonds would be for neighborhood libraries and community college.

7) UPDATE ON LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT

Larry Funk, Executive Administrator of Laguna Honda Hospital, reported that Michael Lane and Marilyn Thompson, the first members of the Replacement Project Management Team, have begun meeting weekly to initiate all necessary activities for the Replacement Project. Mr. Lane is also meeting every two weeks with the Citywide Policy Group that will oversee this project. Michael and Marilyn will be moving on site to Laguna Honda within the next few weeks.

The Board of Supervisors has approved the $9.2 million dollar supplemental. Planning for including other essential project needs in next year's capital budget is well under way.

Mr. Lane reviewed the project timetable and reported the three architectural firms responding to the RFP are Anshen and Allen with Gordon Chong, KMD and SOM. The construction management team will be formed by the end of this year. The geotechnical investigation started this week; there will be an environmental impact report; and there will be a permitting and review process with the State Planning Department.

Mr. Funk also reported that Laguna Honda has been awarded another grant to help support the expenses of the project, thanks to the work of Tangerine Brigham. The Health Resources and Services Agency (HRSA) has budgeted $453,000 for the Laguna Honda Hospital project. This grant is of particular interest since it can pay for construction or movable equipment, which General Obligation Bond funds cannot. Laguna Honda Hospital will identify other project needs that cannot be funded with General Obligation Bond money and will propose using the grant funds in those areas to maximize all project funds. The Department will continue to identify and apply for supplemental funding sources to support the project.

Commissioner Chow thanked staff for the update.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

San Francisco General Hospital
Revenue & Expense Summary
March 2000

The eight-month report for San Francisco General Hospital presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year would be $6.1 million, after implementation of the initiatives. The financial situation for San Francisco General Hospital as of the end of March, 2000 shows that the deficit is maintained at the same level of $6.1 million. Additionally, the $10 million reduction in Disproportionate Share reimbursement is reflected, and a supplemental funding request will be presented to the Health Commission in May. Personnel services may be below budget at year-end if vacancies and restrictions on the use of overtime and as-needed personnel continued.

Specifically:

• **REVENUE** is expected to be $48.8 million under expectations (10.8%), of which $29.5 million is due to a change in accounting for the net revenue of SB1255 and GME instead of booking gross revenue to include intergovernmental transfer. There is a corresponding reduction in operating expenses to reflect the omission of intergovernmental transfer. Bad debt and unreimbursed accounts explains the reduced patient revenue of $6 million, and SB855 (Disproportionate Share) reduction accounts for $10 million, as a result of further erosion of the DSH pool. Other factors include $2.3 million reduction of capitation IHSS revenue, $2 million shortfall of Short Doyle payments, and $1 million increase in Realignment revenue.	<$48.8M>
• **EXPENSES** are expected to be $32.7 million (7.2%) better than expected. The exclusion of SB1255 & GME intergovernmental transfers account for $30 million; materials and services are $3.3 million better than budget; and IHSS expenditures are $1.6 million lower than expected, salaries are $0.7 million better than budget; and capital outlay is expected to be $0.5 million above budget. It should be noted that "non-controllable" employee benefits are expected to be $2.4 million over budget.	$32.7M
Net Variance (3.6%)	**<$16.1M>**

Laguna Honda Hospital
Revenue & Expense Summary
March 2000

The eight-month report for Laguna Honda Hospital presented to the Health Commission indicated that the negative variance from budget for the 99/00 fiscal year is projected to be $600,000. The supplemental that was approved by the Health Commission proposed re-allocating general fund subsidy from other divisions within the Department of Public Health to eliminate the $600,000 deficit. Major variances for Laguna Honda Hospital as of March 31, 2000 are:

• **PATIENT REVENUE** is expected to be $1.2 above expectations due to volume greater than budget (1%) and a Medi-Cal $2.78/day SNF rate increase effective 1/1/00.	$1.2M
• **OTHER REVENUE** is expected to be $1.2 above budget due to a settlement of a CHA lawsuit with DHS regarding the FY 1995/96rate increase. Laguna Honda is expecting an adjustment increase of $3.18 per Medi-Cal day.	$1.2M
• **EXPENSES** are expected to be $3.0 million greater than budget due to salaries and fringe benefits ($2.4M), materials and supplies – primarily pharmaceuticals ($.7M), work orders and worker's compensation ($.8M), and close observation staffing increases ($.4M). There were positive variances in equipment ($.4M) and capital projects ($.9M)	<$3.0M>
Net Variance	<$.6M>

NOTE: The above is representative of operating and capital expenditures. In order to reduce the deficit by fiscal year end the May 2, 2000 supplemental approved by the Health Commission proposes re-allocating Department of Health general fund subsidy to cover the $600,000 deficit.

- STATISTICS

YTD – Net Revenue/adjusted patient day	$234
Cost/adjusted patient day	$323
FTEs/adjusted occupied bed	1.4
YTD Average Daily Census – total	1,068

YTD – Net Revenue/adjusted patient day	$1,344
Cost/adjusted patient day	$1,408
FTEs (incl. UC)/adjusted occupied bed	4.9
YTD Average Daily Census – total	434
- excl. MHRF	307

Community Health Network of San Francisco
Revenue & Expense Summary
March 2000

Primary Care Clinics

The eight-month report for Primary Care Clinics shows a projected deficit of $3.8 million, slightly better than the five-month report presented to the Health Commission, indicating that the negative variance from budget for the 99/00 fiscal year would be over $4.1 million if no initiatives were implemented. With the initiatives, the negative variance is expected to be $3.2 million before the end of the fiscal year. As of the end of March, 2000, it appears that the target has been achieved with an estimated deficit of $3.2 million.

Specifically:

• **PATIENT REVENUE** is expected to be $3.5 million below expectation (9.8%) due primarily to $2.2 million in reduction of Medi-Cal reimbursement (FQHC reimbursement reduced from $166 to $158 per visit), an increase of $1.0 million in bad debt, $0.7 million in prior two years' Medi-Cal settlements, and $0.6 million of additional TCM revenue.	<$3.5M>
• **EXPENSES** are expected to be $237,000 (0.7%) better than expected. Salaries are $94,000 favorable from budget as a result of allocation of $190,000 of salary savings from Health at Home to Primary Care and abatement of expenses to other user entities; materials and services are hoped to be $0.5 million better than budget. It should be noted that "non-controllable" employee benefits are expected to be $256,000 over budget.	$237,000
Net Variance (9.1%)	**<$3.2M>**

Forensic Services

The eight-month report for Forensic Services shows a projected deficit of $1 million, consistent with the $1.1 million shortfall stated in the five-month report as presented to the Health Commission. As of the end of March, 2000, Forensic Services projects a deficit of $1.1 million.

Specifically:

- **EXPENSES** are expected to be $1.1 million (4.9%) above budget. Salaries are $0.5 million above budget as a result of unmet salary savings. Materials and services are expected to be $0.2 million above budget, primarily due to overspending in pharmaceuticals, which shows a continued trend. It should be noted that "non-controllable" employee benefits are expected to be $0.5 million over budget. <$1.1M>

Net Variance (4.9%) **<$1.1M>**

Health At Home

The eight-month report for Health At Home projects a surplus of $0.7 million, exceeding the break-even expectation in the five-month report presented to the Health Commission. As of the end of March, 2000, Health At Home is reported to show a surplus of $0.6 million.

Specifically:

- **PATIENT REVENUE** is expected to be $0.1 million better than expectation (3.2%) due primarily to an increase in Medi-Cal revenue. $0.1M
- **EXPENSES** are expected to be $0.5 million (13.0%) better than budget. The budget is adjusted downward to reflect the proper allocation of $190,000 salary savings from Health at Home to Primary Care. $0.5M

Net Variance (16.2%) **$0.6M**

Charity Care

Background

Recently, a number of special interest groups have raised concerns about non-profit hospitals and their lack of a minimal provision of charity care. The purpose of this presentation is to inform the Joint Conference Committee of statewide activity currently being initiated by all of California's hospitals in an attempt to address this issue. This report will not make recommendations to the Commission or Department. As you know, Dr. Katz recently appeared before a committee of the Board of Supervisors where he addressed this issue.

The argument being made is that non-profits, which don't pay property or income taxes, have an obligation to provide charity care to their communities. It has been stated that those hospitals in less affluent areas provide a disproportionate amount of charity care while those in affluent areas provide virtually none, but receive significant tax relief and non-operative income support from investments. The argument is made relatively simple and the defense easy due to inconsistent and unclear definitions of what is or is not included in charity care.

The hospitals that provide services to a large number of indigent patients argue that "charity" patients should be those that are pre-defined by some standard as having an inability to pay for services. Contractual write-offs, bad debt and community programs should not be counted towards a charity obligation. The other extreme, the more financially stable non-profit hospitals, argue that charity, bad debt, contractual allowances and various educational programs benefit the community and, therefore, their non-profit status should be maintained.

In the middle of the discussion are hospitals like the children's' hospitals which provide services to patients that, because of the catastrophic nature of their illnesses, are covered by Medi-Cal and provide less "charity" care due to this coverage. These hospitals argue that Medi-Cal rates do not cover costs of providing care, but they do provide a community benefit and should maintain their non-profit status.

Current Situation

The California Health and Safety Code Section 123740 states:

127340. The Legislature finds and declares all of the following:

(a) Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.

(b) Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities which they serve.

(c) California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.

(d) Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following:

(1) Community-oriented wellness and health promotion.
(2) Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education.
(3) Adult day care.
(4) Child care.
(5) Medical research.
(6) Medical education.
(7) Nursing and other professional training.
(8) Home-delivered meals to the homebound.
(9) Sponsorship of free food, shelter, and clothing to the homeless.
(10) Outreach clinics in socioeconomically depressed areas.

(e) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plan.

There is currently legislation pending (SB 697 and AB 2276) that would more specifically define charity care and potentially restrict access to State-backed bonds if charity is not provided.

In an effort to clarify non-profit social obligation, the California Hospital Association took a pro-active step and established the "Health Care Task Force" to review the status and definition of charity care, uncompensated care, stakeholder responsibilities and financial implications. With the number of under-insured Californians at 4 million and the uninsured at 7 million, uncompensated services rendered by hospitals and the need for charity services is receiving greater attention. This need, plus low payments from Medi-Cal and reductions in other government programs, is placing significant stress on healthcare providers and patients. More than 60% of California hospitals have negative operating margins supported by taxpayers or reserve investment income.

The purpose of the Task Force was:

1. Explore for discussion the concept of "value" and how to measure it as a universal index of hospitals' service to their communities, recognizing that charity care is not the sole measure of a hospital's value or community service.

2. Review the status of charity care, uncompensated care (composed of charity care and bad debt) and community benefits. Further address the undercompensation from public and private payers.

3. Review definitions of uncompensated care, stakeholder responsibilities and financial implications.

4. Review the SB 697 process, participate with OSHPD in refining its data collection, evaluation and reporting efforts, and make recommendations, if any, for changes in the community benefit law.

5. Prepare public policy recommendations for the CHA Board of Trustees.

The work of the Task Force resulted in the following definitions:

I. "Uncompensated care" is the sum of charity care and bad debt, as defined herein.

   1. "Charity Care", is the portion of hospital patient care provided that is not paid for by a third-party payer (care paid for by third-party payers includes related contractual allowances) and is beyond the patient's ability to pay. It can include co-insurance and deductibles.

   2. "Bad Debt" is the portion of hospital care provided that is not paid for by a third-party payer (care paid for by a third-party payer includes the related contractual allowances) and is within the patient's ability to pay, but is not paid.

II. "Underpayments" mean the shortfalls created by inadequate payments from payers to cover the reasonable costs of services provided.

   1. "Contractual allowance" is the difference between charges, less coinsurance and deductibles, and the amount of third party payer payment.

III. "Community Benefit" defined in California law (Section 127345 {c}, Health and Safety Code) for not-for-profit hospitals, means a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, but not limited to, any of the following:

   1. Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed costs of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

   2. The unreimbursed costs of services included in subdivision (d) of Section 127340.

   3. Financial or in-kind support of public health programs.

   4. Donation of funds, property, or other resources that contribute to a community priority.

   5. Health care costs containment.

6. Enhancement of access to health care or related services that contribute to a healthier community.

7. Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.

8. Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person's health.

Next Steps

The above definitions will be presented to the CHA Board with no recommendations except to keep track and be involved in the developing legislation. The Task Force did state that the persistent big number of uninsured makes many hospitals vulnerable. It also suggests that to sustain health care, support mechanisms will require development. The two support mechanisms suggested are:

1. Governmentally-based tax supported health system, or

2. Public/private partnership that relies on a combination of financing payment systems, tax policies, support mechanisms and delivery models.

Executive Summary

This document articulates the scope of work necessary to improve the healthcare delivery facilities of the Department of Public Health. The condition of these facilities has degraded to such an extent that the capacity to provide services has been compromised.

The seismic deficiencies and advanced age of San Francisco General Hospital Medical Center are a large threat to its continued operation. Seismic upgrades are required for the Main Hospital building by the year 2008 to maintain a nominal level of life safety after an earthquake. These upgrades will allow the Main Hospital to be used for acute patient care until 2030. Additionally, non-conforming and obsolete clinic configurations hamper the effective delivery of health care.

The primary care centers operate in facilities that haven't been substantially upgraded in over thirty years. The role of primary care has advanced far beyond what the facilities are capable of providing, and the ability to see all the patients who need care is being severely tested due to the inadequate facilities.

This document presents the detail and justification for several capital improvement projects, organized into four themes:

Seismic retrofit of San Francisco General by 2008 for interim life safety	$19,350,000
Ambulatory Care and Research Facility at SFGH primary and specialty clinics	$48,000,000
SFGH capital improvement projects	$14,892,300
Primary Care Clinics capital improvements	$13,268,400
TOTAL AMOUNT	$95,510,700

Attachment C
Page 1 of 1

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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PUBLIC MEETING NOTICE

FOR

HEALTH COMMISSION COMMITTEES

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JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL

The meeting on Monday, July 10, 2000 has been rescheduled for:

Monday, July 24, 2000
9:30 a.m. to 11:30 a.m.
Laguna Honda Hospital
375 Laguna Honda Blvd.
Conference Room B102

The meeting for Monday, August 14, 2000 has been canceled.
No meeting in August.

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

The meeting for Tuesday, August 8, 2000 has been canceled.
No meeting in August.

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK

The meeting for Tuesday, June 27, 2000 has been canceled.
No meeting in June.

Posted June 19, 2000

101 Grove Street San Francisco, CA 94102-4505

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Director of Health

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Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, July 25, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR MAY 23, 2000**
**Minutes for May 23.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION:** **PRESENTATION OF A PROCESS FOR INVESTIGATIONS OF SIGNIFICANT EVENTS**
(Kathy Murphy and Hiro Tokubo)
**Report*

5) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away*)*, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)

Tuesday, July 25, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
DPH Staff:	Tony Wagner, Gene O'Connell, Leslie Holpit, Ken Jensen, Jimmy Loyce, Sharon Kotabe, Nancy Arata, Larry Funk

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 23, 2000

Action Taken: The Committee adopted the minutes of May 23, 2000.

101 Grove Street **San Francisco, CA 94102-4505**

3) EXECUTIVE ADMINISTRATOR'S REPORT
(Tony Wagner, CHN Executive Administrator)

NURSING WORKFORCE

The DPH Nursing Leadership Council was recently charged with assessing current and projected future workforce issues affecting nursing care delivery within DPH. Nationally the RN workforce is aging faster than any other workforce - the average RN age is 45 to 49 years is. California data is particularly concerning. With the State population projected to significantly increase, nursing schools decreasing enrollments, fewer women choosing nursing and the increased demand for RNs, we are facing a public health crisis. It is estimated that California will require an increase of 66% in the number of RN graduates by 2010; by 2006 we will be short 26,000 nurses.

DPH nursing workforce data is also quite concerning. Thirty per cent of our respondents are over 50 years of age and 31% of the respondents plan to leave their nursing positions within five years. Only 4% of respondents were under 30 years of age. In particular, projected shortages are expected to be most acute in the specialties of critical care, emergency and psychiatric nursing. Lack of career advancement, job stress and increased workload added to job dissatisfaction among nurses.

The Nursing Leadership Council has offered the following retention and recruitment recommendations:

- Dedicate resources to establish professional advancement of the DPH Nursing Workforce,
- Improve working conditions,
- Integrate retention and recruitment efforts to obtain and keep most qualified RNs.

From those general recommendations, nine specific recommendations were developed:

1. Obtain further data clarifying the DPH workforce,
2. Research past and present responses of professional and healthcare organizations to shortages,
3. Utilize focus groups to explicate RN perceptions related to career development and working conditions,
4. Create an NLC subcommittee including direct care clinical nurse experts to make programmatic recommendations to NLC,
5. Formalize role of Department of Education and Training in nursing training programs with budget and resources,
6. Submit for membership in California Strategic planning Committee for Nursing,
7. Hire dedicated Nursing Workforce Specialist,
8. Remedy Civil Service and Human Resource barriers to hiring, and
9. join the Coalition for Nursing Careers in California.

The CHN leadership is working with the Council to come up with creative ways to implement the recommendations. The Council will spearhead work on all recommendations and is working to develop a proposal to be presented to outside funding sources in order to allow CHN to address nursing workforce goals.

Commissioner Chow requested potential policy issues to come back to the JCC-CHN; he also suggested this presentation be calendared at a full Commission meeting.

Commissioner Sanchez suggested collaboration with middle schools, high schools, and universities to promote nursing as a career.

PHARMACY UPDATE

The DPH has proposed an alternate system for providing outpatient prescription services to CHN indigent patients to begin in the current fiscal year. The alternate system will involve a contract with a Pharmacy Benefits Manager (PBM) who will, in turn, utilize contracts with community-based retail pharmacies. This alternate system will provide CHN patients with choices of pharmacies from which they may receive prescription services, and will therefore improve patient access to pharmaceutical services.

Status of PBM Request for Proposals

Six Request for Proposals (RFP) for a Pharmacy Benefits Manager (PBM) were received by the deadline date of July 17. All potential contractors met the minimum qualifications specified by the RFP. A technical review panel has been assembled, and they will review and evaluate the proposals during the first week of August. Notification of the contract award is targeted for no later than August 31, and implementation of the PBM system is expected within days of contract award notification. To effect a smooth transition to the new system, the Outpatient Pharmacy at SFGH, will continue to serve CHN patients for a brief period following implementation of the PBM system.

Policies to be Followed by the PBM

The PBM will adhere to CHN policies regarding eligibility, co-payment, and drug formulary. During the eligibility process, patients above 200% of the Federal Poverty Level (FPL) will be informed by the CHN eligibility worker that they will be liable for a $2.00 per prescription co-payment, $10.00 maximum per pharmacy visit. The patient will also be asked whether they will be able to make the co-payment. For patients who indicate that they cannot pay, the eligibility worker will note a "no co-pay" status on the information forwarded to the PBM. This same information is ultimately used by community pharmacies to adjudicate prescription claims. Patients noted as "no co-pay" will not be required to pay a co-payment at the pharmacy, even if their income is above 200% of FPL. CHN patients with a Medi-Cal share of cost that cannot pay will have their prescriptions billed to the CHN. Both of these policies are consistent with current CHN policies regarding co-payment and Medi-Cal share of cost patients. The CHN will continue to be responsible for the development of the drug formulary through its medical staff pharmacy committee.

Status of Outpatient Pharmacy Prescription Volume, Wait-times and Staffing

The volume of prescriptions handled by the Outpatient Pharmacy continues to average approximately 1,250 on a weekday. Vacancies due to retirement and resignation, and the inability of the pharmacy registry service to meet all staffing needs, have led to wait-times that are somewhat longer than the targeted average of under two hours. The average wait-times are currently between two and three hours. Outpatient Pharmacy staff are also being offered the opportunity for voluntary early reassignment to vacant positions within the CHN, (e.g. Jail Health, Laguna Honda.) This further decreases the number of City and County staff in the Outpatient Pharmacy, and increases the reliance on temporary registry staff to address workload. This situation is expected to continue, and to lead to longer than desired wait times, until the PBM system is implemented.

Commissioner Sanchez encouraged multilingual information in the media.

Gene O'Connell and Tony Wagner commended Sharon Kotabe, Director of Pharmacy Services, for her expertise.

LHH FACILITY REPLACEMENT PROJECT STATUS REPORT

On July 13th, the three Executive Architectural teams presented their proposals before an interview panel committee comprised of individuals with expertise in health care and construction.

On July 19th, Michael Lane, Project Manager, announced the results of the rankings of the three Executive Architectural teams which competed for the project programming and design.

Mr. Lane reported that Anshen and Allen with Gordon Chong and Associates ranked first; the Laguna Honda Design Consortium ranked second; and Kaplan McLaughlin and Diaz with Gearson Overstreet ranked third. After an appropriate public review process, the City will initiate negotiations for professional fees with the successful team. Mr. Lane is hopeful that programming and design work can commence in September. Meanwhile, work on the preliminary environmental impact report continues.

LOS ANGELES COUNTY 1115 WAIVER
MEDICAID DEMONSTRATION PROJECT EXTENSION

The five-year Waiver extension will preserve the healthcare safety net in Los Angeles County and will allow the County to maintain and improve access to healthcare for Medi-Cal patients and the uninsured. The agreement builds on the progress of the previous five years in preserving the availability of ambulatory care through the County's facilities and our Public Private Partners. Additionally, the County will be able to continue its efforts to restructure the delivery of services toward more cost-effective outpatient care.

Key Points of Agreement

- The Waiver extension will bring approximately $900 million in Federal funds into the County Department of Health Services. The Federal contribution is structured as a phase-out over five years, as follows:

2000-01	$246 million	100% (of current funding)
2001-02	$222 million	90%
2002-03	$197 million	80%
2003-04	$148 million	60%
2004-05	$ 87 million	35%

- As part of the Waiver agreement, the State has committed to provide $300 million in State and Federal matching funds to the County Department of Health Services by providing cost-based reimbursement under Medi-Cal for outpatient services. Separate actions taken by the State, such as the DSH administrative fee reduction included in the State Budget, will provide the County with $284 million of additional revenues over the Waiver period.

- The County will also invest $300 million of the Tobacco Litigation Settlement and an additional $100 million of General Fund contribution over the next five years in the Department of Health Services for waiver-related services. In addition, the Department of

Health Services will institute an austerity program—consisting of non-service cost reduction, such as purchasing and consulting fees—that will result in an additional $91 million in savings.

- The County will assure a minimum of 3 million ambulatory care visits for each of the five years through County Department of Health Services facilities and our Public Private Partners.

Financing Mechanisms to Support Cost-Effective Care

Cost Based Reimbursement of all Medi-Cal services provided through the County's blended public-private ambulatory care network.

This policy initiative will allow the County, for the first time, to receive full Medi-Cal reimbursement for outpatient care. Cost based reimbursement recognizes the importance of ambulatory care in providing cost-effective quality care. This will bring approximately $300 million in State and Federal matching funds to the County Department of Health Services over five years. As part of the Waiver, the County will work toward formal designation under the Federally Qualified Health Centers Program.

Clinical Resources Management / Restructuring of Inpatient Payment.

The State Department of Health Services has agreed to work with Los Angeles County to shift reimbursement for inpatient stays from a per-diem basis to a per-discharge basis. By setting the payment to the overall hospitalization, rather than basing it on the length of stay in the hospital, this shift will remove a significant financial barrier to providing more cost-effective and clinically desirable care.

With the reimbursement change, the County will be able to achieve savings through the Clinical Resource Management program. This program involves reducing the variability in managing specific diseases or diagnoses and implementing outpatient-based disease management programs to reduce inappropriate hospital use.

Worker Retraining

Recognizing the quickly evolving role of healthcare professionals, the County and State will contribute $40 million over five years to create a worker retraining program designed to assist workers in meeting the challenges of a restructured health system. The program will be funded on a 2 to 1 basis with the State funding the majority of the program. Federal Worker Investment Act funds and, potentially, other sources will be used to fund the program. The County in consultation with Labor representatives over the next six months will develop the program.

Benchmarks, Performance Standards and Sanctions

County. The State included several benchmarks and performance standards along with corresponding sanctions to the County if they are not met. These benchmarks include the maintenance of 3 million ambulatory visits for each of the five years, implementation of Clinical Resource Management practices, enrollment of Medi-Cal and Healthy Family beneficiaries and applying for Federally Qualified Health Center designation. Sanctions include the withholding of up to 10% of various funding streams.

State. The Federal government also established benchmarks for the State relating to improving enrollment practices for all eligible Medi-Cal and Health Family beneficiaries.

Mr. Wagner has requested Ken Jensen, CHN Chief Financial Officer, as well as the California Association of Public Hospital and Health Systems (CAPH), to assess what, if any benefit, the above agreement could have on the CHN or CAPH members.

GOLDMAN INSTITUTE ON AGING PLANS FOR FUTURE EXPANSION

The Goldman Institute on Aging announced the purchase of the Coronet Theater building and adjacent lot space located at 3575 Geary Boulevard.

Anticipating this increasing demand for care and services targeting the elderly population in the Bay Area, Goldman Institute on Aging will design the facility to house most of the programs, services and administrative offices of the organization. It is anticipated that this facility will also house other non-profit agencies, which will complement the services of Goldman Institute on Aging. The property will be developed over the next two to three years.

STATE LEGISLATIVE UPDATE

SB 146 (Solis) would prohibit mandatory overtime for registered nurses. Fines are set out for violations of the provision. An exception to the rule is included when a state of emergency is declared. The New Jersey State Legislature recently passed a similar bill that would prohibit mandatory overtime for all hourly wage employees involved in direct patient care activities or clinical services.

AB 421 (Aroner) would establish a process for Boards of Supervisors to designate hospitals as high, medium, or low priority. It would establish the “Emergency Department Supplemental Fund”, to be administered by CMAC, to provide funds to high priority emergency departments intending to close that can demonstrate financial hardship. No funding is included in the bill. The author has taken an amendment that would clarify that all hospitals are eligible for the funding, not just Medi-Cal contracting hospitals. It is not clear how CMAC would distribute funds to non-contracting hospitals.

There are a number of concerns related to the creation of a new Medi-Cal supplemental payment fund. These concerns include:

- If general fund money is not allocated for the fund, will counties be turned to, to provide an IGT? Given the pending HCFA proposed rule regarding the UPL, this is a significant concern.

- The financial status of private hospital emergency departments is not primarily a Medi-Cal issue. The bill analysis in fact suggests that low payment or lack of payment by private payers is a more significant factor.

AB 1098 (Romero) is the Governor’s bill regarding Medi-Cal fraud and abuse. The bill would establish new fines and penalties for fraudulent acts, with higher dollar values of fraud correspondent to more jail time. Additionally, providers would be subject to asset forfeiture penalties. Second, the Department of Health Services would have the authority to withhold payment for services if it has “reliable evidence that would be admissible under the administration adjudication provisions of fraud or willful misrepresentation by a provider.”

AB 1887 (Cedillo) would create a purchasing pool administered by MRMIB that would pay 50% of a participating health care plan premium for employees under 250% of the federal poverty level working in a small business of 2 – 50 people. Employers would pay the other 50% of the premium. The bill would also seek coordination with the Medi-Cal, Healthy Families and AIM programs to ensure family unity. MRMIB has provided estimates that 637,000 low-income employees would be eligible for the program at an annual cost of $478 million to the State. Neither funding for the purchasing pool or for MRMIB staff was included in the budget.

CAPH is considering proposing amendments to the bill to ensure the inclusion and participation of open door providers in the program. For example, possible amendments might include the following:

- Create an "access fund" within the pool's fund to be distributed to safety net providers. Five percent of the pool's funds would be used to create the "access fund."
- Specific requirements of participating health plans could be made, including that culturally and linguistically appropriate services be provided to enrollees, or that plans must have the ability to provide data to MRMIB regarding plan enrollees' utilization of traditional and safety net providers.
- Require MRMIB to adopt regulations that ensure the participation of safety net providers in providing health care services to program enrollees.

FINANCE

Ken Jensen, Chief Financial Officer of the Community Health Network, presented the May 2000 Revenue and Expense Summary (Attachment A). He also presented a new format for the CHN financial information to the Joint Conference Committees. Additionally, he reported that there has been a reopening of negotiations for Medi-Cal rates.

Mr. Wagner thanked Mr. Jensen for this excellent and needed financial information.

Note: Commissioner Chow left at 4:15 p.m. Commissioner Sanchez chaired the remainder of the meeting.

4) PRESENTATION OF A PROCESS FOR INVESTIGATIONS OF SIGNIFICANT EVENTS

Tony Wagner, CHN Executive Administrator, presented the issues and a new model for conducting multiple investigations of a single significant event.

Mr. Wagner provided a report, which sets forth the issues that frequently arise in the investigation of significant events, background information regarding the protections and privileges available for certain information, a new model for conducting complex investigations, and the "next steps" that have been planned.

The recommended model calls for CHN site-specific teams of "in-house experts" who have had special training in conducting investigations. These experts would act under the leadership of the Quality and Risk Management Department and be assigned to conduct the initial investigation of significant events based on their areas of expertise.

The results of the initial investigation could then be used as the basis for employment, quality management, and medical staff decisions. This model would be piloted at both SFGH and LHH for a six-month period.

The goal is to develop the optimal model for ensuring that serious matters are investigated swiftly, professionally, and with a high standard of integrity. A multidisciplinary approach with staff that have received extra training will be the best way to fulfill the obligations to the patients, to the staff/professionals involved in these incidents, and to the CHN, (which may face a subsequent lawsuit or survey by a licensing or accrediting organization).

Mr. Wagner will report back to the JCC on the progress of this new model.

Commissioner Sanchez commended staff for developing this oversight mechanism. He also acknowledged Department staff for their reports and their commitment and creativity for high standards.

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Roma P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

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22/00

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 22, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR JULY 25, 2000**
**Minutes for July 25.*

3) **FOR DISCUSSION: EXECUTIVE ADMINISTRATOR'S REPORT**
(Gene O'Connell, SFGH Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION: UPDATE ON PRIMARY CARE INTERNAL ASSESSMENT**
(Melissa Welch, M.D., Jan Murphy, David Ofman, M.D.)
**Report*

5) **FOR DISCUSSION:** **FINANCE REPORT**
(Ken Jensen, CFO for CHN)
**Report*

6) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away*)*, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

453

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

180

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN)

Tuesday, August 22, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
DPH Staff:	Gene O'Connell, Melissa Welch, M.D., David Ofman, M.D., Hiro Tokubo, Jan Murphy, Jessica Wolin, Diane Miller, Larry Funk, Jimmy Loycè, Ken Jensen, Nancy Arata

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 25, 2000

Action Taken: The Committee adopted the minutes of July 25, 2000.

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Gene O'Connell, SFGH Executive Administrator)

CHN Administrative Building Occupancy

The CHN HQ site is now completely programmed, and facilities staff is finalizing the necessary drawings and specifications to execute the improvements for the proposed occupants.

In addition to reconfiguration of space to accommodate CHN executive staff, the project will relocate the General Accounting Department and the Office of Managed Care from the SFGH Campus. The plan also allocates space for Department of Education and Training, Poison Control Center, Telephone Operators, and a Fire Department Training Unit for 911 services.

The principal selection criteria required that candidate programs be able to relocate, serve no patients, and provide a CHN-wide function.

The relocation of the indicated programs to the CHN site will generate numerous opportunities at the SFGH Campus to decompress clinical areas, and more rationally locate programs on the Campus.

It is anticipated that over several stages, programs will be relocated beginning in early 2001, and continuing through Fall 2001. Subsequent vacancies at SFGH will be back-filled along a similar timetable.

Eric Miller, Associate Administrator, will be leaving SFGH to go to Kaiser in the East Bay.

Pharmacy Services Update – August 22nd

Pharmacy Benefits Manager (PBM) Proposals

Six (6) proposals were received by the deadline date of July 17, 2000. A technical review panel consisting of persons with experience, knowledge and expertise in PBM services and operations reviewed and evaluated the proposals on August 2. Areas evaluated and criteria for selection were specified in the request for proposals (RFP). They are: proposed pharmacy network (depth and breadth, delivery and 24-hour services, geographic locations, linguistic capability); customer service and quality of services (availability of customer 'hot line', patient satisfaction surveys, process for following-up/resolving complaints); past experience (evidence of experience with County, State, and/or Federal health care systems, online point-of-care claims adjudication, referrals and reference ratings satisfactory or better); quality of reports (clarity and completeness, organization, quality of clinical reports, ad hoc reporting capabilities); and fee structure. Letters were sent to all bidders on August 10 informing them of the outcome of the review and evaluation.

The proposal submitted by PCN, a national, California-based PBM affiliated with the California Pharmacists Association, received the highest score. Examples of groups who currently have contracts with PCN for PBM services are San Francisco Health Plan, Contra Costa Health Plan, Alameda Alliance for Health – Alameda County Medi-Cal Managed Care, Orange County Medical Services for Indigents, Santa Clara County Family Health Plan, and Kentucky Managed Medicaid. Further clarification of issues in their proposal has been requested from PCN, and contract negotiations will commence following receipt of their response (expected by August 30.) All bidders were informed that the Department may contact them again if negotiations with PCN were not fruitful. Other PBM companies that submitted proposals are: Centrus (based in New York), MedImpact (based in San Diego, and the current Mental Health PBM contractor), National Medical

Health Card (based in New York), RxAmerica (based in Utah, and affiliated with Longs/Albertsons), and US Script (based in Delaware.)

Outpatient pharmacy prescription volume, wait times and staffing

Prescription volume during August (average of 1100 prescriptions per weekday) has been slightly lower than experienced during the earlier months of the year. Average wait times, however, have remained at approximately 2-3 hours. We have not been able to decrease wait times due to inability to fully staff the outpatient pharmacy. As noted in the July report to the Joint Conference Committee, this situation will continue until the PBM system is implemented.

High Users of the SFGH Medical Services Follow Up

Background

A study done on high users of the SFGH Medical Services found that:

- 13% of patients account for 37% of acute "medicine service" beds.
- These patients suffer from chronic diseases such as HIV, COPD, diabetes, and renal failure.
- Their medical management is complicated by alcohol or substance abuse in 70% of cases, and by schizophrenia or dementia in 30% of cases.
- Many have high levels of social isolation and low level of literacy. Homelessness is common.
- A sub-group of patients are elderly immigrants for whom language and cultural issues may also complicate medical care.
- The high utilizer patients are ethnically and racially diverse, with a clear preponderance of men over women.

June 26 Conference

To begin discussion on how to respond to these issues, a follow-up conference was held at UCSF on June 26, 2000. Over 50 clinicians and staff from the CHN, PHP and UCSF met. Three consistent themes emerged at the conference:

Complex Patients

- Patients are complex with acute and chronic medical, psychological and substance abuse problems.
- Socio-economic problems such as homelessness cannot be separated from these patients medical care.
- Language and cultural competence can also be barriers to care.
- A model of care that focuses purely on "medical" problems cannot work.

Need for Further Integration

- SF safety net system's configuration needs to be strengthened to increase coordination and communication among various services
- There needs to be more coordination and communication between providers who are providing care to the same client
- The safety net system (DPH and community) could benefit from joint clinical protocols, shared patient information and a system that coordinates patient care
- Funding is categorical making the blending of funds difficult

- Information Systems needs to provide both physical and behavioral health information to providers
- DPH patients are not prioritized for housing and social services that we fund. Case management resources exist but not necessarily linked to CHN/SFGH high user patient needs.
- Lack of knowledge about existing resources and how to access and coordinate service provision cause "re-inventing of the wheel.

Cost

- Complex patients require more time and resources
- Cost saving can be anticipated if preventable hospitalizations are decreased, however complex patients may require more resources initially in order to improve patient care.
- Case management model may or may not be less expensive but would provide better coordination of care and resources – better patient care.

Task Force

At the conclusion of the conference, a Task Force was formed to take these themes and try to design a model of care that would help reduce preventable hospitalizations for the identified high users. The Task Force is chaired by Barbara Garcia, PHP Executive Administrator, and Dr. Alicia Fernandez, UCSF/SFGH General Medical Services and co-author of the study. The Task Force met for the first time last week on Thursday, August 17th . Their initial recommendations and strategies will be presented to CHN Leadership on Wednesday, August 23rd for review and will be presented to JCC-CHN next month.

4) UPDATE ON PRIMARY CARE INTERNAL ASSESSMENT

(Melissa Welch, M.D., Jan Murphy, David Ofman, M.D.)

Dr. Welch, Ms. Murphy and Dr. Ofman presented the analysis and recommendations of the Department's Primary Care Internal Assessment Task Force, (Attachment A).

Dr. Welch pointed out this analysis is qualitative and not quantitative; in order to answer the question of any potential closures of a clinic, a longer time frame would be needed to obtain quantitative data.

Commissioners commended staff for an exceptional report and encouraged staff to use this work to influence the budget. They would want to see how this Primary Care Assessment would fit into the overall Department's Strategic Plan.

Commissioners Chow and Guy again raised the question of how the CHN Strategic Plan will be integrated into the overall Department's Strategic Plan. Diane Miller, Director of CHN Planning and Marketing, reported that the CHN Strategic Plan is in line with the overall Department's Strategic Plan. Jimmy Loyce, Deputy Director of Health, pointed out the challenge would be the financial impact of any plan. Ken Jensen, CHN Chief Financial Officer, reported the Finance Sub-Committee of Strategic Planning is looking at blended resources and what the Department does best.

Commissioner Guy acknowledged staff for their commitment to the new public health direction and complimented staff for an excellent report on the primary care assessment. She gave a tactical suggestion that a presentation of alternative models or various scenarios is helpful to the Commission.

Jessica Wolin, PHP Director of Planning, recognized PHP staff input; many PHP staff members participated in this primary care assessment, which truly reflects the concerns of PHP.

Commissioner Sanchez would like to see various models with their operational costs. He also raised the question of what role would the community health clinics (i.e., S.F. Community Clinic Consortium) be in the primary care system.

Commissioner Guy supports the creation of a Service Integration Task Force, local regional planning, and integration of services. She emphasized the importance of having discussions with the public and Department employees on any of the strategic planning for the future of public health.

Public Speaker:

Otto Duffy, Tom Waddell CAB, sees private patients coming to public clinics; expressed concern for the overall delivery of health care.

5) FINANCE REPORT

(Ken Jensen, CFO for CHN)

Mr. Jensen provided the Revenue/Expense Summary for June 2000, (Attachment B). He reported his negotiations for SB 1255 funds and the MediCal contract. He has applied for a wage index in Oakland, thereby potentially increasing Medicare reimbursement by $1 - 1-1/2 million.

6) OTHER BUSINESS

Commissioners discussed charity care and pointed out the concentration of charity care should be on serving the safety net population and looking at a 3% standard for charity care.

The meeting was adjourned at 5:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

San Francisco Department of Public Health

Primary Care

Internal Assessment Taskforce

Executive Summary and Recommendations
August 2000

Executive Summary

The Primary Care Internal Assessment Task Force was convened in April 2000 to provide recommendations on the most efficient and effective way to deliver primary care services within the San Francisco Department of Public Health (DPH). A broadly representative group from DPH, UCSF, the San Francisco Community Clinic Consortium, and the Citywide Advisory Board for Primary Care met for 2 ½ months to conduct an analysis and develop recommendations.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Assessment

A *Strengths, Weaknesses, Opportunities and Threats* (SWOT) assessment of the existing primary care system delineated the perceptions of staff and Taskforce members. Significant strengths and weaknesses were identified.

Overarching Issues (requirements for the operation of any primary care system)

The Taskforce identified several "overarching issues," or preconditions for the efficient operation of any primary care system: a defined target population, data on community health needs, adequate support staff, staffing which is aligned with stated goals, efficient physical plants, MIS support, functional links within an integrated delivery system, and ability to manage care of patients. The current DPH Primary Care system is variably successful in addressing these issues.

Analysis of Challenges Facing the DPH Primary Care System

DPH and its Primary Care system face serious challenges. Declining public revenues and escalating costs of medical care have resulted in structural budget deficits. At the same time, the need for public health care is steadily increasing, due in large part to two major population-based crises: the growth in uninsured and other "vulnerable" populations, and the increase in "high-risk, complex" patients.

The Taskforce defined "vulnerable" populations as those with medical and psychosocial barriers to effective medical care (poverty, poor social support, lack of health insurance, marginal housing, mental illness, violence, language barriers, age, minority status, illiteracy, addictions, criminal justice system involvement, and immigration status). Vulnerable populations are the traditional users of the public health system. Their numbers are growing due to a number of trends, such as rising numbers of uninsured and continued influx of immigrants.

The Taskforce defined "high risk, complex" patients as a subset of "vulnerable populations" who are particularly complex and at high risk of poor health outcomes because of: 1) multiple co-existing barriers to care (vulnerabilities), especially mental illness, substance abuse, homelessness, and poor social support; 2) multiple chronic medical illnesses; and 3) inability to meet health care and psychosocial needs without formal assistance (such as case management). High risk, complex patients tend to utilize disproportionate amounts of expensive acute and emergency care resources. Their numbers are increasing due to a number of trends, such a housing crisis with growing numbers of homeless and continued epidemics of substance abuse.

DPH is faced with the difficult task of trying to meet the needs of both the vulnerable and high risk, complex populations in a time of diminishing resources. While successful treatment models exist in some DPH Primary Care clinics to manage the care of both populations of patients, these systems of care tend to have insufficient case management, mental health, and substance abuse resources. Many patients in need of care coordination are not linked with any system of care.

Recommendations

The Taskforce defined 5 goals for the DPH Primary Care system, and presented its recommendations as they pertain to these goals. The goals and the major recommendations are:

Goal 1: Respond to target population health needs and ensure the appropriate level of care.

- Continue to serve vulnerable patients and prioritize high risk, complex patients for services, including new patient appointments.
- Phase out commercial managed care contracts.
- Match clinic services with target populations.

Goal 2: Increase access to the primary care system.

- Prioritize for Primary Care services patients who receive care in other DPH clinical programs, such as SFGH, Forensics, Mental Health, and Substance Abuse programs.
- Ensure that DPH Primary Care patients are prioritized for DPH and DPH-funded services, particularly mental health, substance abuse, case management, and supportive social services.
- Reconfigure urgent care services to better meet the needs of existing Primary Care patients and unaffiliated patients.
- Target DPH outreach services to high risk, complex patients and refer them for primary care.

Goal 3: Strengthen services, fill gaps and maximize resources.

- Ensure collaboration between Primary Care and mental health, substance abuse, and social services.
- Create a Service Integration Taskforce to guide integration planning and implementation.
- Initiate intra-city regional planning efforts in which DPH Primary Care clinics join with local agencies to better integrate services, including co-location of primary care with mental health and substance abuse services.
- Strengthen case management services by coordinating assignment of case managers by DPH programs and DPH-funded CBOs; targeting case management resources to high risk, complex patients; and strengthening social work resources.
- Promote interdisciplinary case conferences.

Goal 4: Provide staff and trainees with the necessary skills to serve primary care patients.

- Provide training for Primary Care staff in the care of high risk, complex patients.
- Ensure teaching opportunities at Primary Care clinics.

Goal 5: Ensure effective and efficient administration.

- Maintain an interdisciplinary management team at each Primary Care clinic site.

Conclusions

Both vulnerable and high risk, complex populations are increasing at a time of declining health care resources. The DPH Primary Care system should serve both populations, while prioritizing high risk, complex patients for critical services so as to better manage their care in primary care settings. Multidisciplinary systems of care directed at high risk, complex patients may be enhanced through integration of services, particularly integration of case management, mental health, and substance abuse services with primary care. Intra-city regional planning efforts and collaboration across administrative units may further efforts to coordinate and integrate services. In order to fund these recommendations with limited new resources, the first option should be creation of augmented resources out of efficiencies, especially through improved coordination, linkage, and targeting of existing resources throughout DPH and DPH-funded CBOs. It is essential that staff, community members, community based organizations, and clients are involved in any decisions that significantly alter the DPH Primary Care system.

Executive Summary

The Primary Care Internal Assessment Task Force was convened in April 2000 to provide recommendations on the most efficient and effective way to deliver primary care services within the San Francisco Department of Public Health (DPH). A broadly representative group from DPH, UCSF, the San Francisco Community Clinic Consortium, and the Citywide Advisory Board for Primary Care met for 2 ½ months to conduct an analysis and develop recommendations.

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Analysis of Challenges Facing the DPH Primary Care System

DPH and its Primary Care system face serious challenges. Declining public revenues and escalating costs of medical care have resulted in structural budget deficits. At the same time, the need for public health care is steadily increasing, due in large part to two major population-based crises: the growth in uninsured and other "vulnerable" populations, and the increase in "high-risk, complex" patients.

The Taskforce defined "vulnerable" populations as those with medical and psychosocial barriers to effective medical care (poverty, poor social support, lack of health insurance, marginal housing, mental illness, violence, language barriers, age, minority status, illiteracy, addictions, criminal justice system involvement, and immigration status).. Vulnerable populations are the traditional users of the public health system. Their numbers are growing due to a number of trends, such as rising numbers of uninsured and continued influx of immigrants.

The Taskforce defined "high risk, complex" patients as a subset of "vulnerable populations" who are particularly complex and at high risk of poor health outcomes because of: 1) multiple co-existing barriers to care (vulnerabilities), especially mental illness, substance abuse, homelessness, and poor social support; 2) multiple chronic medical illnesses; and 3) inability to meet health care and psychosocial needs without formal assistance (such as case management). High risk, complex patients tend to utilize disproportionate amounts of expensive acute and emergency care resources. Their numbers are increasing due to a number of trends, such a housing crisis with growing numbers of homeless and continued epidemics of substance abuse.

DPH is faced with the difficult task of trying to meet the needs of both the vulnerable and high risk, complex populations in a time of diminishing resources. While successful treatment models exist in some DPH Primary Care clinics to manage the care of both populations of patients, these systems of care tend to have insufficient case management, mental health, and substance abuse resources. Many patients in need of care coordination are not linked with any system of care.

Recommendations

The Taskforce defined 5 goals for the DPH Primary Care system, and presented its recommendations as they pertain to these goals. The goals and the major recommendations are:

Goal 1: Respond to target population health needs and ensure the appropriate level of care.
- Continue to serve vulnerable patients and prioritize high risk, complex patients for services, including new patient appointments.
- Phase out commercial managed care contracts.
- Match clinic services with target populations.

Goal 2: Increase access to the primary care system.
- Prioritize for Primary Care services patients who receive care in other DPH clinical programs, such as SFGH, Forensics, Mental Health, and Substance Abuse programs.
- Ensure that DPH Primary Care patients are prioritized for DPH and DPH-funded services, particularly mental health, substance abuse, case management, and supportive social services.
- Reconfigure urgent care services to better meet the needs of existing Primary Care patients and unaffiliated patients.
- Target DPH outreach services to high risk, complex patients and refer them for primary care.

Goal 3: Strengthen services, fill gaps and maximize resources.
- Ensure collaboration between Primary Care and mental health, substance abuse, and social services.
- Create a Service Integration Taskforce to guide integration planning and implementation.
- Initiate intra-city regional planning efforts in which DPH Primary Care clinics join with local agencies to better integrate services, including co-location of primary care with mental health and substance abuse services.
- Strengthen case management services by coordinating assignment of case managers by DPH programs and DPH-funded CBOs; targeting case management resources to high risk, complex patients; and strengthening social work resources.
- Promote interdisciplinary case conferences.

Goal 4: Provide staff and trainees with the necessary skills to serve primary care patients.
- Provide training for Primary Care staff in the care of high risk, complex patients.
- Ensure teaching opportunities at Primary Care clinics.

Goal 5: Ensure effective and efficient administration.
- Maintain an interdisciplinary management team at each Primary Care clinic site.

Conclusions

Both vulnerable and high risk, complex populations are increasing at a time of declining health care resources. The DPH Primary Care system should serve both populations, while prioritizing high risk, complex patients for critical services so as to better manage their care in primary care settings. Multidisciplinary systems of care directed at high risk, complex patients may be enhanced through integration of services, particularly integration of case management, mental health, and substance abuse services with primary care. Intra-city regional planning efforts and collaboration across administrative units may further efforts to coordinate and integrate services. In order to fund these recommendations with limited new resources, the first option should be creation of augmented resources out of efficiencies, especially through improved coordination, linkage, and targeting of existing resources throughout DPH and DPH-funded CBOs. It is essential that staff, community members, community based organizations, and clients are involved in any decisions that significantly alter the DPH Primary Care system.

Community Health Network of San Francisco
Revenue & Expense Summary
June 2000

The combined pre-audited financial report for the Community Health Network of San Francisco at fiscal year ending June 30, 2000 projected that the negative budget variance for the 99/00 fiscal year to be $10.2 million. The $10M deficit was the same as the target in the 6-month report. Highlights for each entity are as below:

	Surplus/(Deficit)
• **San Francisco General Hospital** The deficit is a result of an operating revenue shortfall of $78.2M: $36.3M is the reduction in SB855 gross revenue; $27.5M is due to a change in accounting for SB1255 and GME; $11.1M is a result of bad debt and unreimbursed patient accounts; $2.2M is the reduction in Short Doyle revenue; $1.4M is attributed to the reduction in capitation revenue. Operating expenses are $71.0M below expectation: $66.2M is the reduction in SB855 intergovernmental transfer and the accounting change for SB1255 and GME; remaining $4.3M cost savings are achieved from personnel services, materials and supplies, as well as services of other departments. Non-operating revenue reflects $1M increase in Realignment revenue.	**<$6.2 M>**
• **Primary Care Clinics** Patient revenue is $4.7M below expectation due to reduced Medi-Cal FQHC reimbursement, increased bad debt and prior two years' Medi-Cal settlements. TCM revenue is $1M above expectation. Operating expenses are $0.7M below budget, with cost savings initiatives in personnel services, supplies and services.	**<$2.6M>**
• **Jail Health Services** Operating expenses are $1.3M above budget as explained by the overspending in personnel services (as a result of unmet salary savings) and pharmaceuticals. Non-controllable expenses such as workers compensation and employee benefits are also contributing factors to the deficit by $0.8M.	**<$1.3M>**
• **Home Health Services** Operating expenses are below budget in personnel services, supplies and contractual services.	**$0.5M**
• **Laguna Honda Hospital** Year-end deficit is projected to be $697K. Expenses are expected to be $4.8M greater than budget due to salaries and fringe benefits ($3.9M), the additional wage pass through salary expense, ($1.2M) materials and supplies – primarily pharmaceuticals ($1.1M), work orders and worker's compensation ($.6M), and close observation and therapy registry staffing increases ($.3M). There were positive variances in equipment ($.4M) and capital projects ($.9M). As a partial offset to the operating expenses are $2.8M of SNF rate increase and the DHS wage pass through revenue. Other revenue is expected to be $1.6M above budget due to a settlement of a CHA lawsuit with DHS regarding the FY 1995/96 rate increase ($1.2M), and the recognition of a prior year FEMA settlement ($.4M).	**<$0.7M>**
Net Variance	**<$10.3 M>**

SFGHMC STATISTICS	**June 2000**
YTD – Net Revenue/adjusted patient day	$1,403
Cost/adjusted patient day	$1,431
FTEs (incl. UC)/adjusted occupied bed	4.9
YTD Average Daily Census – total	430
- excl. MHRF	298

LAGUNA STATISTICS	**June 2000**
YTD – Net Revenue/Adjusted patient day	$241
Cost/Adjusted patient day	$327
FTEs/Adjusted occupied bed	1.4
YTD Average Daily Census – total	1,066

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 26, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR AUGUST 22, 2000**
**Minutes for August 22, 2000.*

3) **FOR DISCUSSION: EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION: CHN UTILIZATION REPORT**
(Diane Miller, Director of Planning and Marketing)
**Report*

5) **FOR DISCUSSION:** **CHN STRATEGIC PLAN PROCESS**
(Diane Miller, Director of Planning and Marketing)
**Report*

6) **FOR DISCUSSION:** **JAIL HEALTH SERVICES REPORT**
(Joe Goldenson, M.D., Director of Jail Health Services/
Melissa Welch, M.D., Chief Medical Officer)
**Report*

7) **FOR DISCUSSION:** **FINANCE REPORT**
(Ken Jensen, CFO for CHN)
**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)

Tuesday, September 26, 2000
3:00 p.m.
2789 – 25th Street, Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson Commissioner Edward A. Chow, M.D. at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

CHN Staff: Tony Wagner, Joe Goldenson, M.D., Jo Robinson, Frank Pat, Hiro Tokubo, Ken Jensen, Gene O'Connell, Nancy Arata, Diane Miller, Melissa Welch, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 22, 2000

Action Taken: The Committee adopted the minutes of August 22, 2000.

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Gene O'Connell, SFGH Executive Administrator)

Conclusion of Laguna Honda Hospital Annual Licensing and Certification (L&C) Survey

The LHH annual L&C survey concluded with an exit conference yesterday. Even though the CHN has not received a final report, Mr. Wagner was pleased to report the survey went extraordinarily well. The exit conference lasted a total of fifteen minutes. The ten surveyors from the L&C Division of the State Department of Health Services took thirteen days to complete the survey. In addition to completing what appears to be a very successful survey, Larry Funk and the LHH staff really worked well together as a team.

Difficulty with Upper Payment Limit (UPL)

Title XIX of the Social Security Act authorizes Federal grants to States for Medicaid programs that provide medical assistance to needy persons. Each State Medicaid program is administered by the State in accordance with an approved State plan. While the State has considerable flexibility in designing its State plan and operating its Medicaid program, it must comply with broad Federal requirements. The Medicaid programs are administered by the States, but are jointly financed by the Federal and State governments. States incur expenditures for medical assistance payments to medical providers who furnish care and services to Medicaid-eligible individuals. The Federal government pays its share of medical assistance expenditures to a State according to a defined formula.

The Act requires a State plan to meet certain requirements in setting payment amounts. In part, this provision requires that payment for care and services under an approved State Medicaid plan are consistent with efficiency, economy and quality of care. This provision provides authority for specific upper limits set forth in Federal regulations relating to different types of Medicaid-covered services. These regulations stipulate that aggregate State payments for each class of service (for example, inpatient hospital services, nursing facility services, etc.,) may not exceed a reasonable estimate of the amount the State would have paid under Medicare payment principles. Federal financial participation (FFP) is not available for State expenditures that exceed the applicable upper payment limits.

Under the present upper payment limit rules, States are permitted to establish payment methodologies that allow for enhanced payments to non-State owned government providers, such as City or County-operated facilities. The (Healthcare Financing Administration) HCFA intends to revise the upper payment limit regulations to limit the amount of the enhanced payments available to the State Medicaid programs through enhanced payments to public providers. The limits will continue to be based on Medicare payment principles. HCFA believes the change is necessary to ensure that States adopt payment methods and standards that result in rates that are consistent with efficiency and economy.

HCFA has begun to raise probing questions about various States' use of enhanced Medicaid payments to City and County governments.

HCFA is attempting to control the use, and therefore the amount, of Federal funds going towards enhanced Medicaid payments. The CHN, through SFGH, currently receives approximately $27 million from this source of funding (SB 1255 plus GME). A number of States allegedly are using this revenue for purposes other than those allowed by the upper payment limit regulations. Included among those States are Louisiana, Kansas, Alaska and Pennsylvania. Since California, Illinois and New York receive the largest amounts among all the participating States from this source of funds, HCFA is focusing on these States. To add fuel to the fire, the New York Times and the Washington Post have both recently written hard-hitting articles on this issue.

The Administration has issued a directive to Illinois and California to attempt to find a resolution to the UPL matter. The two States were told by the Administration that they have stood up to the nursing home industry and they might have to stand up to the public hospitals as well. The difficulty in fashioning a resolution between California and Illinois is that they are so different.

The White House staff is working with representatives from CAPH, California and Illinois in an attempt to bring this matter to resolution. CAPH is representing all of California's public hospitals in these very delicate negotiations. The Administration's Office of Management and Budget intends to publish the revised UPL rule by the end of this month.

At this time we do not have enough information to project what modifications to current practice might have on SFGH's budget; however, as mentioned above, DPH currently receives a significant amount of revenue from this revenue source.

Laguna Honda Hospital (LHH) Replacement Program

Since November 3, 1999, when 73% of the voters approved replacement of Laguna Honda Hospital and the sale of $299 million in General Obligation Bonds, the following has been accomplished:

- Established a Project Management Office at Laguna Honda Hospital.
- Hired Program Manager, Michael Lane, Special Assistant to the Mayor; and Project Manager, Marilyn Thompson.
- Advertised, selected and negotiated a contract with an Executive Architect and Design Team: Anshen and Allen Architects/Gordon H. Chong and Partners, Joint Venture.
- Appropriated a portion of the first installment of Tobacco Settlement proceeds to the project and established a Tobacco Settlement Revenue Account for ongoing receipt of funds from the State.
- Drafted a Memorandum of Understanding and Financial Plan between the Mayor's Office, the Department of Public Works and the Department of Public Health.
- Completed an aerial survey of the entire site and catalogued existing drawings.
- Drafted an initial study with City Planning — precursor of the Environmental Impact Report (EIR) — which will conclude that the EIR will focus on historic, transportation and visual quality issues.
- Began a public meeting process to inform the community on a regular basis. This process is separate from the required reviews held under the EIR process.

In the next month, LHH will accomplish the following:

- Begin the pre-design phase with the Executive Architect team, which will conclude at the end of the year with a written functional and space program and massing concepts.

- This effort includes detailed planning meetings with all internal stakeholders (staff, residents and families of LHH), the establishment of a National Advisory Council to inform us of cutting edge techniques, and a benchmarking process to set standards for our new facility against facilities worldwide.

- Publish the initial study and begin the draft EIR, which is expected to be published in the first quarter of 2001.

- Advertise a Request for Qualifications (RFQ) for a Construction Manager (CM). The CM is expected to be contracted by the first quarter of 2001.

Regular meetings are held by the Project Team and are attended by both Larry Funk and.Gene O'Connell. These meetings are held weekly with the Project Managers, monthly with the Policy Committee and bimonthly with the Steering Committee. Presentations have been given to LHH Volunteers, Inc., the Western Council of Construction Consumers, and the LHH Joint Conference Committee. CNH is scheduled to update the full Health Commission in the near future.

This office has also begun discussions with the LHH Volunteers, Inc. Board leadership, regarding fundraising for non-fixed equipment for the new facility. Current estimates for the equipment are in the range of $20 million.

4) CHN UTILIZATION REPORT

(Diane Miller, Director of Planning and Marketing)

Diane Miller, Director of Planning and Marketing, presented the FY 1999-2000 CHN Patient Demographics and Utilization. A copy is available for viewing at the Commission Office.

Ms. Miller reported the following observations related to the overall data:

- A decline in the number of patients in the CHN
- A decline in the uninsured and homeless coming in for care; use of services still the same
- Number of elderly and children remained the same
- Number of decertified days for med-surg has improved

5) CHN STRATEGIC PLAN PROCESS

(Diane Miller, Director of Planning and Marketing)

Ms. Miller provided a timeline for the Department of Public Health Strategic Planning and a document describing the overlap of strategic issues for the CHN identified in the DPH process.

Commissioner Chow reminded the staff that Commissioners have been pointing out issues to be included in the Department Strategic Plan (i.e., primary care clinics, school-based health clinics, the cost issues of patching, seismic upgrade of SFGH, U.C. Affiliation Agreement, etc.). He also clarified that the Health Commission is not expecting the budget for FY 2001-02 to implement the

Department's new Strategic Plan. However, the FY 2001-02 budget should begin to incorporate some of the principles of the Department's new Strategic Plan.

6) JAIL HEALTH SERVICES REPORT

(Joe Goldenson, M.D., Director of Jail Health Services/Melissa Welch, M.D., Chief Medical Officer)

Drs. Welch and Goldenson and Jo Robinson presented an Overview of the Jail Health Services, (Attachment A). The complete presentation is available at the Commission Office. The presentation included the vision and mission statements, the health services provided in the jails, demographics of the jail population, and challenges and future directions.

Commissioner Chow would like this presentation calendared for a future Commission meeting. He also recommended all Commissioners make a site visit to the jails.

Commissioner Chow encouraged staff to focus on outcomes and the measurement of outcomes. He feels jail health services are special services that are responsibilities of the County.

Dr. Welch pointed out the importance of maintaining a single standard of care and the need to look at the funding for jail health services, given the increasing salary and drug costs.

7) FINANCE REPORT

(Ken Jensen, CFO for CHN)

Mr. Jensen presented the Statement of Revenues and Expenses for July/August 2000 and the Summary Statistical Information for August 2000 for the Community Health Network: San Francisco General Hospital, Laguna Honda Hospital, Primary Care Clinics, Jail Services, and Home Health Services, (Attachment B).

Commissioner Chow commended Mr. Jensen for the new format for financial information and the summary statistical information.

8) OTHER BUSINESS/PUBLIC COMMENTS**

None.

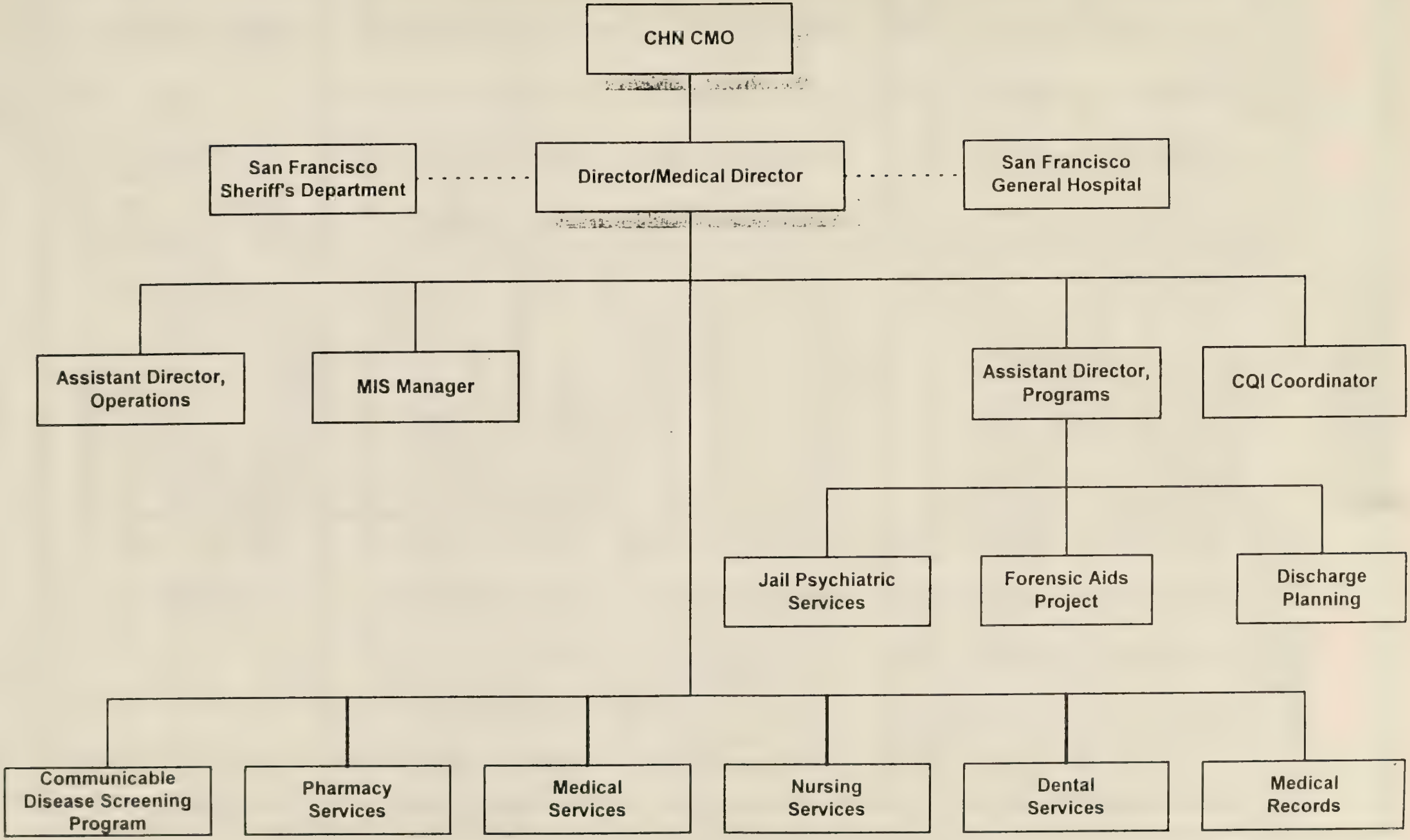
The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Jail Health Services Organizational Chart


CHN CMO
San Francisco Sheriff's Department
Director/Medical Director
San Francisco General Hospital
Assistant Director, Operations
MIS Manager
Assistant Director, Programs
CQI Coordinator
Jail Psychiatric Services
Forensic Aids Project
Discharge Planning
Communicable Disease Screening Program
Pharmacy Services
Medical Services
Nursing Services
Dental Services
Medical Records

Attachment A
Page 1 of 1

SAN FRANCISCO GENERAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
TWO MONTHS ENDING AUGUST 31, 2000
(In Thousands of Dollars)

Line	YEAR-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	27,437	28,251	(814)	-2.9%	25,589	Inpatient Medi-Cal Revenue	162,103	162,917	(814)	-0.5%	150,724
2	8,317	8,829	(512)	-5.8%	7,514	Outpatient Medi-Cal Revenue	50,400	50,912	(512)	-1.0%	47,102
3	10,473	9,700	773	8.0%	8,596	Inpatient Medicare Revenue	56,709	55,937	772	1.4%	54,665
4	3,457	3,873	(416)	-10.7%	3,360	Outpatient Medicare Revenue	21,918	22,334	(415)	-1.9%	21,826
5	18,475	14,105	4,370	31.0%	14,270	Inpatient Other Revenue	85,709	81,339	4,369	5.4%	83,236
6	10,909	10,068	841	8.4%	9,773	Outpatient Other Revenue	58,897	58,056	841	1.4%	59,412
7	79,068	74,825	4,243	5.7%	69,102	TOTAL PATIENT SERVICE REVENUE	435,737	431,495	4,242	1.0%	416,965
						REVENUE DEDUCTIONS:					
8	10,983	12,139	1,155	9.5%	13,042	Charity Care	68,844	70,000	1,155	1.7%	58,268
9	26,744	26,007	(738)	-2.8%	22,814	Provision for Medi-Cal Adjustments	158,952	149,972	(8,980)	-6.0%	148,060
10	5,000	4,855	(145)	-3.0%	3,899	Provision for Medicare Adjustments	28,227	28,000	(228)	-0.8%	27,475
11	11,789	8,404	(3,385)	-40.3%	7,513	Provision for Other Adjustments	43,225	48,463	5,238	10.8%	52,287
12	3,834	3,833	(1)	0.0%	3,013	Provision for Bad Debt	23,000	23,000	0	0.0%	22,604
13	58,351	55,238	(3,113)	-5.6%	50,281	TOTAL REVENUE DEDUCTIONS	322,250	319,435	(2,815)	-0.9%	308,694
14	20,717	19,587	1,130	5.8%	18,821	NET PATIENT SERVICE REVENUE	113,487	112,060	1,427	1.3%	108,271
						OTHER OPERATING REVENUE:					
15	1,326	1,326	0	0.0%	879	Capitation	7,959	7,959	0	0.0%	6,280
16	616	616	0	0.0%	1,022	Short Doyle	3,694	3,694	0	0.0%	5,359
17	1,409	1,409	0	0.0%	1,409	MHRF Funding	8,453	8,453	0	0.0%	8,453
18	21,253	21,253	0	0.0%	22,920	SB855	127,518	127,518	0	0.0%	91,373
19	3,617	3,617	0	0.0%	7,000	SB1255	21,700	21,700	0	0.0%	21,700
20	217	217	0	0.0%	1,417	GME	1,300	1,300	0	0.0%	1,300
21	(854)	0	(854)	#DIV/0!	0	Prior Year Settlement	(257)	0	(257)	#DIV/0!	(655)
22	583	583	0	0.0%	1,602	MAA & Other Net Patient Revenue	3,500	3,500	0	0.0%	4,363
23	28,166	29,021	(854)	-2.9%	36,248	OTHER OPERATING REVENUE	173,866	174,124	(257)	-0.1%	138,173
24	48,883	48,608	275	0.6%	55,069	TOTAL OPERATING REVENUE	287,353	286,184	1,169	0.4%	246,444
						OPERATING EXPENSES:					
25	25,452	24,912	(540)	-2.2%	24,750	Personnel Services	153,149	151,158	(1,991)	-1.3%	148,920
26	5,816	5,684	(132)	-2.3%	5,589	Mandatory Fringe Benefits	34,851	34,490	(361)	-1.0%	35,819
27	15,690	15,898	208	1.3%	14,679	Contractual Services	92,790	95,386	2,595	2.7%	90,856
28	4,167	4,160	(7)	-0.2%	4,274	Materials and Supplies (Excl. Pharmaceuticals)	24,993	24,960	(33)	-0.1%	23,665
29	2,440	2,000	(440)	-22.0%	3,250	Pharmaceuticals	13,594	12,000	(1,594)	-13.3%	14,968
30	611	611	0	0.0%	292	Facilities Maint. & Capital Outlay	3,664	3,664	0	0.0%	2,612
31	2,423	2,423	0	0.0%	2,760	Services of Other Departments	14,538	14,538	0	0.0%	13,303
32	(1,820)	(1,820)	0	0.0%	(1,740)	Expenditure Recovery	(10,923)	(10,923)	0	0.0%	(10,568)
33	16,371	16,371	0	0.0%	16,371	Operating Transfer Out	98,225	98,225	0	0.0%	62,224
34	375	375	0	0.0%	265	Intrafund Transfer	2,248	2,248	0	0.0%	1,590
35	672	672	0	0.0%	5,665	Projects	4,030	4,030	0	0.0%	4,123
36	72,195	71,284	(910)	-1.3%	76,155	TOTAL OPERATING EXPENSES	431,159	429,776	(1,383)	-0.3%	387,511
37	(23,311)	(22,676)	(635)	2.8%	(21,086)	OPERATING INCOME/(LOSS)	(143,806)	(143,592)	(214)	0.1%	(141,067)
						NON-OPERATING REVENUE:					
38	11,851	11,851	0	0.0%	6,109	General Fund	71,104	71,104	0	0.0%	54,839
39	10,185	10,185	0	0.0%	9,469	Realignment	61,113	61,113	0	0.0%	58,733
40	624	624	0	0.0%	993	Prop 99	3,741	3,741	0	0.0%	5,956
41	411	411	0	0.0%	1,512	Transfer In	2,463	2,463	0	0.0%	4,215
42	261	261	0	0.0%	2,152	Carryforward	1,567	1,567	0	0.0%	7,459
43	146	173	(27)	-15.6%	137	Cafeteria	877	1,039	(162)	-15.6%	877
44	427	427	0	0.0%	452	Miscellaneous	2,565	2,565	0	0.0%	2,900
45	23,905	23,932	(27)	-0.1%	20,824	NON-OPERATING REVENUE	143,430	143,592	(162)	-0.1%	134,980
46	594	1,256	(662)		(262)	NET INCOME/(LOSS)	(376)	(0)	(376)		(6,087)

SAN FRANCISCO GENERAL HOSPITAL
SUMMARY STATISTICAL INFORMATION
AUGUST, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Acute Activity					
1	1,592	1,680	(88)	-5.2%	1,653	Discharges	3,131	3,333	(202)	-6.1%	3,333
						Average Daily Cencus					
2	205	183	22	12.0%	197	Acute Med/Surg ADC	199	183	16	8.8%	197
3	90	97	(6)	-6.3%	96	Psych ADC	97	97	(0)	0.0%	96
4	23	22	1	5.0%	20	Skilled Nursing ADC	22	21	1	5.2%	21
5	318	302	17	5.6%	312	Subtotal Excl. MHRF	317	300	17	5.7%	314
6	133	140	(7)	-5.0%	125	MHRF ADC	132	140	(8)	-5.4%	126
7	451	442	10	2.3%	437	Subtotal Adult ADC	450	440	10	2.2%	440
8	7	7	0	2.3%	14	Nursery ADC	7	7	0	3.0%	14
9	6.2	5.6	(0.6)	-11.5%	6.4	Average Length of Stay (excl. MHRF)	6.3	5.6	0.7	12.7%	6.8
10	7.6	9.3	1.7	17.8%	7.0	Medicare ALOS (excl. MHRF)	8.6	8.5	0.1	1.0%	7.9
11	4.2	5.1	0.9	16.8%	6.4	Medi-Cal ALOS (excl. MHRF)	4.4	5.2	(0.8)	-15.9%	6.4
12	1.110	1.295	(0.2)	-14.3%	1.327	Medicare Case Mix Index	1.295	1.295	0.0	0.0%	1.358
						Payor Mix (Gross Revenue)					
13	42.18%	49.56%	-7.38%		50.52%	Medi-Cal	45.22%	49.56%	-4.34%		50.52%
14	16.15%	18.14%	-1.99%		17.13%	Medicare	17.62%	18.14%	-0.52%		17.13%
15	41.68%	32.30%	9.37%		32.35%	Other	37.16%	32.30%	4.86%		32.35%
16	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
						Patient Days					
17	4,287	5,407	(1,120)	-20.7%	5,114	Medi-Cal Patient Days (excl. MHRF)	8,964	10,771	(1,807)	-16.8%	11,004
18	1,954	1,977	(23)	-1.2%	1,855	Medicare Patient Days (excl. MHRF)	4,261	3,941	320	8.1%	3,699
19	3,630	1,962	1,668	85.0%	2,811	Other Patient Days (excl. MHRF)	6,439	3,888	2,551	65.6%	4,761
20	9,871	9,347	524	5.6%	9,780	Total Patient Days (excl. MHRF)	19,664	18,600	1,064	5.7%	19,464
21	4,917	6,254	(1,337)	-21.4%	6,794	Medi-Cal Patient Days	10,254	12,465	(2,211)	-17.7%	12,877
22	1,985	2,002	(17)	-0.8%	1,844	Medicare Patient Days	4,293	3,990	303	7.6%	3,699
23	7,094	5,431	1,663	30.6%	4,924	Other Patient Days	13,330	10,825	2,505	23.1%	10,718
24	13,996	13,687	309	2.3%	13,562	Total Patient Days	27,877	27,280	597	2.2%	27,294
26	19,912	19,673	239	1.2%	19,472	Adj. Patient Days	39,091	39,212	(121)	-0.3%	38,927
27	84.1%	82.2%	1.9%	2.3%	81.5%	**% Occupancy (available beds)**	83.7%	81.9%	1.8%	2.2%	82.0%
28	111	111	0	0.0%	101	**Deliveries**	222	212	10	4.7%	212
	*						*				
						KEY OPERATIONAL INDICATORS					
						Labor					
29	2,307	2,296	(11)	-0.5%	2,359	FTEs - Productive	2,297	2,296	(1)	0.0%	2,375
30	274	313	39	12.5%	326	FTEs - Non-Productive	304	313	10	3.0%	305
31	2,581	2,610	29	1.1%	2,685	FTEs - Total	2,601	2,610	9	0.3%	2,680
32	334	334	0	0.1%	351	UC Non-Academic FTEs	334	334	0	0.1%	351
33	2,915	2,944	29	1.0%	3,036	Total FTEs	2,935	2,944	9	0.3%	3,031
34	4.5	4.6	0.1	2.2%	4.8	FTEs Per AOB (incl. UC)	4.6	4.7	0.1	1.9%	4.8
35	201.9	191.4	(10.4)	-5.4%	201.8	Hours per adj. Acute Discharge	201.9	193.0	(8.9)	-4.6%	200.6
36	58,526	56,569	(1,957)	-3.5%	57,059	Labor Cost per FTE	58,526	57,006	(1,521)	-2.7%	56,259
37	22.8%	22.8%	0.0%	-0.1%	22.6%	Fringe Benefits as % of Salary	22.8%	22.8%	0.0%	-0.1%	22.6%
38	334	227	106	46.9%	270	Vacancy positions	334	227	106	46.9%	270
						Revenues					
39	1,224	1,237	(14)	-1.1%	2,003	Oper. Revenue per adj. Pat. Day	1,250	1,240	11	0.9%	1,950
40	594	600	(6)	-1.0%	501	Oper. Rev. (excl. SB855/1255/GME)/APD	609	600	9	1.5%	610
41	10,758	10,081	677	6.7%	16,434	Oper. Revenue per adj. Discharge	11,134	10,147	987	9.7%	15,966
42	5,220	4,887	334	6.8%	4,097	Oper. Rev. (excl. SB855/1255/GME)/adj. Discharge	5,637	4,910	727	14.8%	4,993
						Expenses					
43	1,842	1,812	(30)	-1.7%	2,047	Operating Exp. Per adj. Pat. Day	1,847	1,818	(29)	-1.6%	2,047
44	1,431	1,396	(35)	-2.5%	1,498	Operating Exp.(excl. IGT)/adj. Pat. Day	1,428	1,400	(28)	-2.0%	1,498
45	16,191	14,760	(1,431)	-9.7%	16,793	Operating Exp. Per adj. Discharge	16,443	14,880	(1,563)	-10.5%	16,793
46	12,577	11,370	(1,207)	-10.6%	12,290	Operating Exp.(excl. IGT)/adj. Discharge	12,869	11,463	(1,407)	-12.3%	12,290
47	31%	31%	1%	1.7%	32%	Supply Exp. as % of net Pt. Rev.	32%	31%	0%	-1.4%	32%
48	124	120	(4)	-3.3%	123	**Days Revenue in Accounts Receivable**	125	120	(5)	-3.8%	123

* data not available, assumed prior month's actual.

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
TWO MONTHS ENDING AUGUST 31, 2000
(In Thousands of Dollars)

	YEAR-TO-DATE						ANNUAL				
Line			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	639	632	6	1.0%	569	Medi-Cal Revenue	3,801	3,794	6	0.2%	3,353
2	289	221	68	30.7%	250	Medicare Revenue	1,397	1,329	68	5.1%	1,325
3	1,070	950	120	12.7%	967	Other Revenue	5,820	5,700	120	2.1%	5,594
4	1,999	1,804	195	10.8%	1,786	TOTAL PATIENT SERVICE REVENUE	11,018	10,823	195	1.8%	10,272
						REVENUE DEDUCTIONS:					
5	(88)	(100)	(12)	11.6%	(206)	Provision for Medi-Cal Adjustments	(526)	(600)	(74)	12.4%	(464)
6	108	100	(8)	-8.1%	111	Provision for Medicare Adjustments	522	600	78	13.0%	495
7	1,029	905	(124)	-13.7%	921	Provision for Other Adjustments	5,596	5,430	(166)	-3.1%	5,378
8	186	206	21	10.0%	184	Provision for Bad Debt	1,024	1,238	214	17.3%	955
9	1,235	1,111	(123)	-11.1%	1,010	TOTAL REVENUE DEDUCTIONS	6,617	6,668	51	0.8%	6,364
10	764	693	71	10.3%	776	NET PATIENT SERVICE REVENUE	4,401	4,155	246	5.9%	3,908
						OTHER OPERATING REVENUE:					
11	124	124	0	0.0%	54	Capitation	744	744	0	0.0%	688
12	(32)	0	(32)	#DIV/0!	0	Prior Year Settlement	(32)	0	(32)	#DIV/0!	(1,051)
13	0	0	0	#DIV/0!	0	Carryforward	0	0	0	#DIV/0!	0
14	230	230	0	0.0%	147	TCM & Other Net Patient Revenue	1,382	1,382	0	0.0%	1,975
15	322	354	(32)	-9.0%	201	OTHER OPERATING REVENUE	2,094	2,126	(32)	-1.5%	1,611
16	1,086	1,047	39	3.8%	977	TOTAL OPERATING REVENUE	6,495	6,281	214	3.4%	5,518
						OPERATING EXPENSES:					
17	4,658	4,594	(64)	-1.4%	4,576	Personnel Services	27,615	27,567	(48)	-0.2%	27,423
18	1,075	1,024	(52)	-5.0%	1,001	Mandatory Fringe Benefits	6,373	6,142	(232)	-3.8%	6,330
19	818	818	0	0.0%	736	Contractual Services	4,907	4,907	0	0.0%	3,976
20	168	168	0	0.0%	179	Materials and Supplies (Excl. Phar)	1,011	1,011	0	0.0%	1,037
21	88	88	0	0.0%	100	Pharmaceuticals	530	530	0	0.0%	530
22	218	218	(0)	0.0%	325	Facilities Maint. & Capital Outlay	1,308	1,308	0	0.0%	191
23	127	127	0	0.0%	173	Services of Other Departments	764	764	0	0.0%	901
24	(1,067)	(1,067)	(0)	0.0%	(888)	Expenditure Recovery	(6,402)	(6,402)	0	0.0%	(5,551)
25	3	3	0	0.0%	3	Projects	16	16	0	0.0%	0
26	6,089	5,974	(115)	-1.9%	6,205	TOTAL OPERATING EXPENSES	36,121	35,841	(280)	-0.8%	34,837
27	(5,003)	(4,927)	(76)	1.5%	(5,228)	OPERATING INCOME/(LOSS)	(29,626)	(29,561)	(66)	0.2%	(29,318)
						NON-OPERATING REVENUE:					
28	4,925	4,925	0	0.0%	4,652	General Fund	29,549	29,549	0	0.0%	26,938
29	2	2	0	0.0%	20	Miscellaneous	12	12	0	0.0%	35
30	4,927	4,927	0	0.0%	4,673	NON-OPERATING REVENUE	29,561	29,561	0	0.0%	26,973
31	(76)	0	(76)		(555)	NET INCOME/(LOSS)	(66)	0	(66)		(2,345)

PRIMARY CARE CLINICS
SUMMARY STATISTICAL INFORMATION
AUGUST, 2000

ine lo.	CURRENT MONTH						YEAR-TO-DATE				
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	31.49%	35.06%	-3.57%		26.85%	Medi-Cal	31.97%	35.06%	-3.09%		31.88%
2	14.04%	12.28%	1.76%		14.47%	Medicare	14.48%	12.28%	2.20%		13.98%
3	54.48%	52.67%	1.81%		58.68%	Other	53.56%	52.67%	0.89%		54.14%
4	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
						Outpatient Activities					
5 *	0	2,189	(2,189)	-100.0%	2,189	Castro-Mission Health Center	0	4,203	(4,203)	-100.0%	4,203
6 *	0	1,076	(1,076)	-100.0%	1,076	Maxine Hall Health Center	0	1,996	(1,996)	-100.0%	1,996
7 *	0	1,380	(1,380)	-100.0%	1,380	Silver Avenue Family Health Center	0	2,376	(2,376)	-100.0%	2,376
8 *	0	1,700	(1,700)	-100.0%	1,700	Chinatown Public Health Center	0	3,297	(3,297)	-100.0%	3,297
9 *	0	1,354	(1,354)	-100.0%	1,354	Ocean Park Health Center	0	2,592	(2,592)	-100.0%	2,592
10 *	0	987	(987)	-100.0%	987	Potrero Hill Health Center	0	1,853	(1,853)	-100.0%	1,853
11 *	0	1,686	(1,686)	-100.0%	1,686	Southeast Health Center	0	3,218	(3,218)	-100.0%	3,218
12 *	0	5,991	(5,991)	-100.0%	5,991	Tom Waddell Health Center	0	11,452	(11,452)	-100.0%	11,452
13 *	0	2,045	(2,045)	-100.0%	2,045	North of market Senior Health Center	0	4,062	(4,062)	-100.0%	4,062
14 *	0	99	(99)	-100.0%	99	Cole Strert Health Center	0	177	(177)	-100.0%	177
15 *	0	174	(174)	-100.0%	174	Larkin Street Health Center	0	301	(301)	-100.0%	301
16 *	0	17	(17)	-100.0%	17	Youth Guidance Center	0	42	(42)	-100.0%	42
17 *	0	18,698	(18,698)	-100.0%	18,698	Total Visits	0	35,569	(35,569)	-100.0%	35,569
						KEY OPERATIONAL INDICATORS					
						Labor					
18	340	381	41	10.8%	361	FTEs - Productive	358	381	24	6.2%	361
19	67	62	(5)	-7.3%	54	FTEs - Non-Productive	54	62	8	12.6%	54
20	407	443	37	8.3%	414	FTEs - Total	412	443	31	7.1%	414
22	65,662	61,558	(4,104)	-6.7%	62,394	Labor Cost per FTE	65,707	61,625	(4,082)	-6.6%	62,394
23	23.1%	22.3%	-0.80%	-3.6%	21.9%	Fringe Benefits as % of Salary	23.1%	22.3%	-0.80%	-3.6%	21.9%
24	27	32	4	13.6%	27	Vacancy positions (excl. grants)	27	32	4	13.6%	27
						Expenses					
25	24%	25%	0%	0.3%	15%	Supply Exp. as % of Oper. Rev.	24%	25%	1%	3.6%	29%

* Actual visits will be available in subsequent months.

JAIL SERVICES
STATEMENT OF REVENUE AND EXPENSES
TWO MONTHS ENDING AUGUST 31, 2000
(In Thousands of Dollars)

	YEAR-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
Line No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						OPERATING EXPENSES:					
1	2,475	2,276	(200)	-8.8%	2,288	Personnel Services	14,820	13,654	(1,167)	-8.5%	14,173
2	515	400	(115)	-28.9%	449	Mandatory Fringe Benefits	3,083	2,397	(685)	-28.6%	2,949
3	682	682	0	0.0%	691	Contractual Services	4,094	4,094	0	0.0%	4,141
4	138	138	0	0.0%	109	Materials and Supplies (Excl. Pharmaceuticals)	829	829	0	0.0%	699
5	140	87	(53)	-61.3%	125	Pharmaceuticals	840	521	(319)	-61.3%	840
6	0	0	0	#DIV/0!	20	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
7	89	89	0	0.0%	39	Services of Other Departments	532	532	0	0.0%	488
8	(124)	(124)	(0)	0.0%	(113)	Expenditure Recovery	(746)	(746)	0	0.0%	(781)
9	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
10	3,915	3,547	(368)	-10.4%	3,608	TOTAL OPERATING EXPENSES	23,452	21,281	(2,171)	-10.2%	22,507
11	(3,915)	(3,547)	(368)	10.4%	(3,608)	OPERATING INCOME/(LOSS)	(23,452)	(21,281)	(2,171)	10.2%	(22,507)
						NON-OPERATING REVENUE:					
12	3,543	3,543	0	0.0%	3,500	General Fund	21,256	21,256	0	0.0%	21,228
13	4	4	0	1.5%	4	Miscellaneous	25	25	0	0.2%	26
14	3,547	3,547	0	0.0%	3,504	NON-OPERATING REVENUE	21,281	21,281	0	0.0%	21,254
15	(368)	0	(368)		(103)	NET INCOME/(LOSS)	(2,171)	0	(2,171)		(1,253)

JAIL SERVICES
SUMMARY STATISTICAL INFORMATION
AUGUST, 2000

ine	CURRENT MONTH						YEAR-TO-DATE				
o.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Activity					
1	3,568	3,938	(370)	-9.4%	3,938	Patients Triaged	7,028	7,760	(732)	-9.4%	7,760
2	2,506	2,649	(143)	-5.4%	2,649	Patients Screened	4,813	5,270	(457)	-8.7%	5,270
3	551	567	(16)	-2.8%	567	Health Inventory Screenings	1,153	1,207	(54)	-4.5%	1,207
4	8,430	18,661	(10,231)	-54.8%	18,661	Sick Call Visits	27,093	37,504	(10,411)	-27.8%	37,504
5	1,611	3,822	(2,211)	-57.8%	3,822	Clinician Sick Calls	5,208	7,910	(2,702)	-34.2%	7,910
6	6,819	14,839	(8,020)	-54.0%	14,839	RN Sick Calls	21,885	29,594	(7,709)	-26.0%	29,594
7	295	525	(230)	-43.8%	525	X-Rays Performed	514	985	(471)	-47.8%	985
8	760	617	143	23.2%	617	Dental Visits	1,508	1,208	300	24.8%	1,208
9	534	727	(193)	-26.5%	727	Mental Health Evaluations	1,027	1,473	(446)	-30.3%	1,473
						KEY OPERATIONAL INDICATORS					
						Labor					
10	182	175	(7)	-4.1%	186	FTEs - Productive	188	175	(12)	-7.1%	186
11	33	29	(5)	-16.8%	25	FTEs - Non-Productive	27	29	1	4.6%	25
12	216	204	(12)	-5.9%	211	FTEs - Total	215	204	(11)	-5.5%	211
14	68,889	65,530	(3,359)	-5.1%	65,353	Labor Cost per FTE	69,022	65,991	(3,032)	-4.6%	65,353
15	20.8%	17.6%	-3.2%	-18.5%	19.6%	Fringe Benefits as % of Salary	20.8%	17.6%	-3.2%	-18.5%	19.6%
16	15.3	21.7	(6.4)	-29.6%	14.0	Vacancy positions	15.3	21.7	(6.4)	-29.6%	14.0
						Expenses					
17	8.4%	6.3%	-2.0%	-32.1%	6.5%	Supply Exp. as % of Total Expenses	7.1%	6.3%	-0.8%	-12.0%	6.5%

Attachment B
Page 6 of 10

HOME HEALTH SERVICES
STATEMENT OF REVENUE AND EXPENSES
TWO MONTHS ENDING AUGUST 31, 2000
(In Thousands of Dollars)

Line	YEAR-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						NET PATIENT SERVICE REVENUE:					
1	65	65	(0)	0.0%	64	Medi-Cal Revenue	391	391	0	0.0%	399
2	127	127	(0)	0.0%	121	Medicare Revenue	763	763	0	0.0%	755
3	0	0	0	#DIV/0!	0	Other Revenue	0	0	0	#DIV/0!	0
4	192	192	(0)	0.0%	185	NET PATIENT SERVICE REVENUE	1,154	1,154	0	0.0%	1,153
						OTHER OPERATING REVENUE:					
5	5	5	(1)	-10.0%	6	Other Net Patient Revenue	27	30	(3)	-10.0%	27
6	5	5	(1)	-10.0%	6	OTHER OPERATING REVENUE	27	30	(3)	-10.0%	27
7	197	197	(1)	-0.3%	191	TOTAL OPERATING REVENUE (CASH BASIS)	1,181	1,184	(3)	-0.3%	1,180
						OPERATING EXPENSES:					
8	473	554	80	14.5%	463	Personnel Services	2,864	3,322	458	13.8%	2,794
9	109	121	12	9.6%	97	Mandatory Fringe Benefits	662	725	64	8.8%	645
10	65	65	0	0.0%	51	Contractual Services	388	388	0	0.0%	194
11	31	31	0	0.0%	32	Materials and Supplies (Excl. Pharmaceuticals)	185	185	0	0.0%	149
12	1	1	0	0.0%	2	Pharmaceuticals	6	6	0	0.0%	6
13	0	0	0	#DIV/0!	0	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
14	6	6	0	0.0%	6	Services of Other Departments	35	35	0	0.0%	35
15	(98)	(98)	0	0.0%	0	Expenditure Recovery	(590)	(590)	0	0.0%	(544)
16	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
17	587	679	92	13.6%	650	TOTAL OPERATING EXPENSES	3,549	4,071	522	12.8%	3,279
18	(390)	(481)	91	-19.0%	(459)	OPERATING INCOME/(LOSS)	(2,369)	(2,887)	519	-18.0%	(2,099)
						NON-OPERATING REVENUE:					
19	481	481	0	0.0%	467	General Fund	2,887	2,887	0	0.0%	2,575
20	0	0	0	#DIV/0!	0	Miscellaneous	0	0	0	#DIV/0!	0
21	481	481	0	0.0%	467	NON-OPERATING REVENUE	2,887	2,887	0	0.0%	2,575
22	91	0	91		8	NET INCOME/(LOSS)	519	0	519		476

HOME HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
AUGUST, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	33.92%	33.92%	0.00%		22.17%	Medi-Cal	33.92%	33.92%	0.00%		34.60%
2	66.08%	66.08%	0.00%		77.83%	Medicare	66.08%	66.08%	0.00%		65.40%
3	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
						Visits by Payor					
4	566	600	(34)	-5.7%	615	Medi-Cal	1,097	1,200	(103)	-8.6%	1,276
5	393	517	(124)	-23.9%	447	Medicare	762	1,033	(271)	-26.3%	999
6	539	533	6	1.1%	552	Other	998	1,067	(69)	-6.4%	964
7	1,498	1,650	(152)	-9.2%	1,614	Total Visits	2,857	3,300	(443)	-13.4%	3,239
						Visits by Discipline					
8	823	829	(6)	-0.7%	708	Skilled Nursing	1,641	1,658	(17)	-1.0%	1,584
9	105	129	(24)	-18.7%	149	Occupational Therapy	170	258	(88)	-34.2%	284
10	216	221	(5)	-2.2%	237	Physical Therapy	374	442	(68)	-15.3%	466
11	79	100	(21)	-21.0%	83	Medical Social Worker	143	200	(57)	-28.5%	184
12	275	367	(92)	-25.0%	409	Home Health Aide	529	733	(204)	-27.9%	692
13	0	4	(4)	-100.0%	28	Speech Therapist	0	8	(8)	-100.0%	29
14	1,498	1,650	(152)	-9.2%	1,614	Total Visits	2,857	3,300	(443)	-13.4%	3,239
						KEY OPERATIONAL INDICATORS					
						Labor					
15	41	52	11	21.5%	48	FTEs - Productive	43	52	9	17.4%	48
16	7	9	1	14.3%	2	FTEs - Non-Productive	6	9	3	33.4%	2
17	49	61	13	20.5%	51	FTEs - Total	49	61	12	19.7%	51
18	5.7	6.6	0.8	12.5%	5.5	Hours per Visit	6.1	6.6	0.5	7.2%	5.5
19	55,849	53,580	(2,269)	-4.2%	51,949	Labor Cost per FTE	55,932	53,580	(2,352)	-4.4%	51,949
20	23.1%	21.8%	-1.3%	-5.8%	20.9%	Fringe Benefits as % of Salary	23.1%	21.8%	-1.3%	-5.8%	20.9%
21	6.6	5.1	1.5	29.9%	6.0	Vacancy positions	6.6	5.1	1.5	29.9%	6.0
						Revenues					
22	64	58	6	10.1%	53	Oper. Revenue (cash basis) per Visit	67	58	9	15.5%	57
						Expenses					
23	204	206	1	0.6%	199	Operating Exp. per Visit	205	206	0	0.1%	201
24	17%	17%	0%	0.0%	19%	Supply Exp. as % of Oper. Rev.	17%	17%	0%	0.0%	18%

LAGUNA HONDA HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
ONE MONTH ENDING AUGUST 31, 2000
(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL			
			Fav/(Unfav)					Fav/(Unfav)	
	Actual	Budget	Variance	% Var	Prior Year	Projection	Budget	Variance	% Var
GROSS PATIENT REVENUE:									
Inpatient Medi-Cal Revenue *	23,637	20,122	3,515	17.5%	20,632	144,533	123,534	20,999	17.0%
Outpatient Medi-Cal Revenue	122	126	(4)	-3.2%	133	737	754	(17)	-2.3%
Inpatient Medicare Revenue	1,143	1,072	71	6.6%	841	6,746	6,314	432	6.8%
Outpatient Medicare Revenue	0	34	(34)	-100.0%	0	200	200	0	0.0%
Inpatient Other Revenue	1,397	1,274	123	9.7%	1,187	8,199	7,495	704	9.4%
Outpatient Other Revenue	12	10	2	20.0%	11	72	63	9	14.3%
TOTAL PATIENT SERVICE REVENUE	26,311	22,638	3,673	16.2%	22,804	160,487	138,360	22,127	16.0%
REVENUE DEDUCTIONS:									
Provision for Medi-Cal Adjustments	9,390	5,882	(3,508)	-59.6%	6,693	55,427	34,628	20,799	60.1%
Provision for Medicare Adjustments	540	516	(24)	-4.7%	398	3,190	3,037	153	5.0%
Provision for Other Adjustments	149	184	35	19.0%	217	1,093	1,080	13	1.2%
TOTAL REVENUE DEDUCTIONS	10,079	6,582	(3,497)	-53.1%	7,308	59,710	38,745	20,965	54.1%
NET PATIENT SERVICE REVENUE	16,232	16,056	176	1.1%	15,496	100,777	99,615	1,162	1.2%
OTHER OPERATING REVENUE	32	54	(22)	-40.7%	36	222	325	(103)	0.0%
TOTAL OPERATING REVENUE	16,264	16,110	154	1.0%	15,532	100,999	99,940	1,059	1.1%
OPERATING EXPENSES:									
Personnel Services *	15,062	14,787	(275)	-1.9%	14,922	88,353	87,353	(1,000)	-1.1%
Mandatory Fringe Benefits	3,755	3,813	58	1.5%	3,697	22,525	22,525	0	0.0%
Contractual Services	166	456	290	63.6%	450	2,737	2,737	0	0.0%
Materials and Supplies	1,455	1,472	17	1.2%	1,395	8,839	8,839	0	0.0%
Equipment	0	42	42	100.0%	17	249	249	0	0.0%
Services of Other Departments	916	916	0	0.0%	860	5,691	5,491	(200)	-3.6%
Facilites Maintenance & Capital Outlay	202	202	0	0.0%	349	1,215	1,215	0	0.0%
TOTAL OPERATING EXPENSES	21,556	21,688	132	0.6%	21,690	129,609	128,409	(1,200)	-0.9%
OPERATING INCOME/(LOSS)	(5,292)	(5,578)	286	5.1%	(6,158)	(28,610)	(28,469)	(141)	-0.5%
NON-OPERATING REVENUE:									
General Fund *	4,744	4,744	0	0.0%	5,397	28,469	28,469	0	0.0%
NON-OPERATING REVENUE	4,744	4,744	0	0.0%	5,397	28,469	28,469	0	(0)
NET INCOME/(LOSS)	(548)	(834)	286	34.3%	(761)	(141)	0	(141)	

* August 1 Medi-Cal Wage Pass Through Medi-Cal Increases are not reflected in Personnel Expense or General Fund Subsidy. The general fund subsidy reserve will off-set the required expenditure. The revenue is included.

LAGUNA HONDA HOSPITAL
SUMMARY STATISTICAL INFORMATION
AUGUST, 2000

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Hospital Activity					
101	98	3	3.3%	93	Discharges	194	196	(2)	-1.0%	196
					Average Daily Census					
5	10	(5)	-50.0%	8	Acute	5	10	(5)	-53.3%	9
1,048	1,055	(7)	-0.7%	1,073	Skilled Nursing	1,045	1,055	(10)	-0.9%	1,067
1,053	1,065	(12)	-1.1%	1,081	Total ADC	1,050	1,065	(15)	-1.4%	1,076
323.2	338.1	(15)	-4.4%	360.3	Average Length of Stay	335.4	336.9	(1)	-0.4%	340.3
data unavailable - August 2000					RUGS Case Mix Index	data unavailable - August 2000				
					Payor Mix (Gross Revenue)					
90.30%	89.40%	0.90%		91.08%	Medi-Cal	89.45%	89.40%	0.05%		91.06%
4.34%	4.90%	-0.56%		3.67%	Medicare	4.88%	4.90%	-0.02%		3.69%
5.31%	5.70%	-0.39%		5.25%	Other	5.67%	5.70%	-0.03%		5.25%
99.95%	100.00%	-0.05%		100.00%		100.00%	100.00%	0.00%		100.00%
					Patient Days (Census Days)					
31,808	32,190	(382)	-1.2%	32,656	Medi-Cal Patient Days	63,433	64,380	(947)	-1.5%	65,155
442	396	46	11.6%	384	Medicare Patient Days	816	792	24	3.0%	716
395	429	(34)	-8.0%	470	Other Patient Days	824	858	(34)	-4.0%	824
32,645	33,015	(370)	-1.1%	33,510	Total Patient Days	65,073	66,030	(957)	-1.4%	66,695
91.8%	92.9%	(0.010)	-1.1%	94.2%	% Occupancy (available beds)	91.5%	92.9%	(0.013)	-1.4%	93.8%
					KEY OPERATIONAL INDICATORS					
					Labor					
1,505	1,529	(24)	-1.6%	1,506	Total FTEs	1,521	1,529	(8)	-0.5%	1,492
1.4	1.4	(0)	-0.4%	1.4	FTEs Per Patient Day	1.4	1.4	0	0.9%	1.4
26.79%	25.01%	-1.78%	-7.1%	24.15%	Fringe Benefits as % of Salary	25.79%	25.01%	-0.78%	-3.1%	24.78%
122	93	29	31.3%	101 (1/00)	Vacancy positions (September 1)	160	93	67	72.3%	101 (1/00)
					Revenues					
247	244	-277.41%	-1.1%	231	Oper. Revenue per Patient Day	248	244	4	1.5%	233
79,755	80,942	(1,187)	-1.5%	83,349	Oper. Revenue per Discharge	83,044	40,327	42,718	105.9%	79,246
					Expenses					
299	361	62	17.1%	406	Operating Exp. Per Patient Day	333	361	28	7.7%	325
9%	9%	0.2%	1.7%	9%	Supply Exp. as % of net Pt. Rev.	9%	9%	0.2%	1.7%	8%
69	45	(24)	-53.0%	42	Days Revenue in Accounts Receivable (7/00 data	69	45	(24)	-53.0%	42

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

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/24/00

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) AND SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 24, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JCC-SFGH OF SEPTEMBER 12, 2000 AND JCC-CHN OF SEPTEMBER 26, 2000,**
**Minutes for September 12 and September 26, 2000.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATORS' REPORTS**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN) and
(Gene O'Connell, SFGH Executive Administrator)
(Activities and operations of SFGH)

4) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH PLAN**
(Tangerine Brigham, Director of Planning)

5) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

24,

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR SAN FRANCISCO GENERAL HOSPITAL/ COMMUNITY HEALTH NETWORK

Tuesday, October 24, 2000
3:00 p.m.
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The joint meeting of the JCC of San Francisco General Hospital (SFGH)/Community Health Network (CHN) was called to order by Chairperson, Commissioner Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W.
Absent:	Commissioner Lee Ann Monfredini, Chairperson Commissioner David J. Sanchez, Jr., Ph.D.
CHN Staff:	Tony Wagner, Gene O'Connell, John Luce, M.D., Sue Currin, Melissa Welch, M.D., Jimmy Loyce, Hiro Tokubo, Diane Miller, Alison Moed, Tangerine Brigham, Ken Jensen, Rene Navarro, M.D., Connie Young, Larry Funk, Judith Klain, Monique Zmuda, Connie Young

2) APPROVAL OF MINUTES OF THE REGULAR MEETINGS OF THE JCC/SFGH OF SEPTEMBER 12, 2000 AND THE JCC-CHN OF SEPTEMBER 26, 2000

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN) and
Gene O'Connell, SFGH Executive Administrator
(Activities and operations of SFGH)

Provider Health Organization (PHO) Update

The quarterly meeting of the Provider Health Organization (PHO) was held on October 13th. Dr. Guy Paiement was welcomed as the recently elected Chair of the Clinical Practice Group (CPG), replacing Dr. Bob Okin.

Office of Managed Care staff presented several issues requiring approval from the PHO. A new insurance program offered by the San Francisco Health Plan allows for coverage for Child Care Workers in the City. This program received initial funding from the Mayor's office and is geared toward the low-income Workers who have been previously uninsured. The plan also allows the Workers who are above the 250% poverty level the ability to purchase health insurance. The PHO approved participation in the program, scheduled to start on January 1st, 2001.

The group also agreed to revisit and review the financial arrangements that have existed between the CHN, the CPG and the Associate Dean's Office since the beginning of participation in managed care programs. A work group was appointed by myself to include representatives of each participating party, as well as the Office of Managed Care, to conduct a review of the existing financial relationships and to make recommendations at the next quarterly meeting.

Golden Challenge Grants

In October 2000, as part of the Governor's "Aging with Dignity" Initiative, the State Department of Aging issued an RFP for $14.25 million for innovative projects to expand home and community-based care alternatives to institutionalization. Three grant funding target areas are included: (1) Partnership Building and Planning ($50,000 to $100,000); (2) Innovative Coordination and Collaborative Partnerships ($1 to $3 million; and (3) Access for Special Populations ($500,000 to $2 million). Grant applications are due in Sacramento on November 30, 2000.

San Francisco began exploring topics in September of this year. First, DPH staff discussed the "Golden Challenge" grants and developed ideas. The DPH staff then met with the Department of Aging and Adult Services, and community providers and reviewed proposals for a web-based information system to: (1) enhance help public and nonprofit long-term care service providers with case management, assessment, service assignment, payment, and utilization data; and (2) help consumers with information on options for care, services and providers, and to enhance their involvement in care coordination.

To explore additional topics with community providers, the Department of Aging and Adult Services, along with DPH, held a community forum on October 18th. Finally, on October 19th, DPH, the Department of Aging and Adult Services, Goldman Institute on Aging, and Family Caregiver Alliance recommended a topic under Innovative Coordination and Collaborative Partnerships (a web-based information system) and a collaborative partner (RTZ Associates). It was decided that only one county application will be submitted for each of the first two categories. A separate application will be submitted from the non-profit sector for the third category.

There will be following strategy:

First, to continue planning and implementation activities required for the long-term care integration pilot project (AB 1040), the Department of Public Health will apply for a $100,000 grant under Partnership Building and Planning. Second, the Department of Aging and Adult Services, in collaboration with DPH, will apply for a grant under Innovative Coordination and Collaborative Partnerships to develop a web-based information system. Third, Jewish Family and Children's Services will apply for a grant under Access for Special Populations, in collaboration with several community-based providers, to improve case management services for older/functionally impaired adults. The amounts for the second and third grant applications have not yet been established.

HOSPITAL HEALTHCARE UPDATE REPORT

Presented by Gene O'Connell, SFGHMC Executive Administrator

Diversion Summary for September 2000

The Emergency Department at San Francisco General Hospital was on diversion for a total of 45 % during the month of September. The Emergency Department recorded a total of 56 episodes of diversion for 323 hours.

Out of these 56 episodes, 42 were "total diversion" episodes amounting to 268 hours. This represents 37% on total diversion for September. This is a decrease of 5% from August. The ED was impacted to capacity, understaffed, and/or there were no beds available within the hospital.

The remaining 14 episodes of diversion were due to "trauma override" for a total of 55 hours or 8% for September 2000. This is a 1% decrease in trauma override since August.

Ms. O'Connell provided more details in separate documents, which are available at the Commission Office.

Commissioner Chow inquired about the mammography backlog. Ms. O'Connell reported that there is a 3-month back-log. She will provide an update at the JCC-SFGH meeting.

Ms. O'Connell welcomed back Sue Currin as the head of SFGH Nursing, and Dr. Rene Navarro, Chief of Staff-elect.

Commissioner Guy would like the JCC-SFGH do problem-solving, not just report out information on the diversion issues.

4) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Ken Jensen, Chief Financial Officer, CHN)

Mr. Jensen presented the CHN statements of Revenue/Expenses for the three months ending September 30, 2000 and the Summaries of Statistical Information, (Attachment A).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN

(Tangerine Brigham, Director of Planning and Policy)

Ms. Brigham acknowledged the work of Judith Klain, Monique Zmuda, Jimmy Loyce, Ken Jensen and Hiro Tokubo during the planning process. She gave an overview of the proposed DPH Strategic Plan. This document is available at the Health Commission Office (554-2666).

Public Speakers:

Dean Sheppard, M.D., stated SFGH is in morale crisis at every level; needs to deliver high quality of services to the most vulnerable in a full service hospital; dramatic shift when Dr. Katz became Director of Health; this Strategic Plan will undermine SFGH.

Courtney Broaddus, M.D., has been at SFGH for 17 years and has never seen the hospital morale so low; struggling to provide basic care; patients needing critical care are being care for in the ER.

Michael Lyon, SFGH worker, reviewed decreases in various services.

Leslie Dubbin, M.D., SFGH 4E Trauma ICU, talked about the need for critical care nurses; proposed the following actions:

a) Public exposure to the media
b) Aggressive recruitment and hiring of experienced nurses, with incentives
c) Expand critical care training program
d) Expand med-surg capabilities
e) Need for a fast-track for 24-hour admissions
f) Open 5R as ICU
g) Use 4C for overflow
h) Use nurse practitioners to facilitate discharging for long-term trauma care services

Mark Jacobson, M.D., SFGH Department of Medicine, 15 years at SFGH for HIV/AIDS, pointed out SFGH can lose its national/international known AIDS model; expressed concern on the Strategic Plan.

Henry Chambers, SFGH Department of Medicine, 22 years at SFGH, expressed concern on the direction of SFGH by continually decreasing services; the important issues are on pages 31 and 32 of the Strategic Plan.

Mary Newman, SFGH Department of Medicine, expressed that teaching and research are important; include physicians in making decisions; urged support of amendment to the Balanced Budget Act.

Robert Jasmer, M.D., stated care is being compromised; ICU beds are not being used; multiple lawsuits can be a result; SFGH is dealing with the sickest patients.

James Kahn, AIDS Programs, SFGH Department of Medicine, is a native of San Francisco; SFGH has lost respect and dignity; budget is being balanced on the ill health of patients; lack of vision and support for patients; the Strategic Plan is ill-conceived and will be the demise of SFGH; stop the plan.

Patricia Perez-Arce, Castro-Mission Health Center, thanked DPH for conducting planning from a community-based perspective; should not be driven by payor source; need for infrastructure and capacity-building at community clinics; needs of elderly, mono-lingual, multiply-diagnosed, vulnerable should be priorities.

Albert Gaw, M.D., MHRF, target population should include the diverse population not just the marginal population; mental health to be integrated with physical health; supports client-driven system of care.
a
Sonya Hotchkiss, S.F. Gray Panthers, patient at Ocean Park Health Center, advocated for Russian-speaking and Chinese-speaking staff.

John Gressman, SFCCC, stated all cities are having the same fiscal health problems; need to work more on integration and partnership with the Consortium, slow down the planning process; look at other programs in the U.S.

Commissioner Chow expressed his appreciation for the public testimony. He stated his commitment to SFGH and commented that the Commission cannot do anything without the help from the public. He stated the intent of the Commission is to strive to have a Strategic Plan by December.

Commissioner Guy expressed the importance of having a Strategic Plan given the changing demographics and changes in health at the Federal level. She would like to continue the planning process to make a decision and begin implementation. She welcomed the investment by physicians and providers to the process. She emphasized the need for one Department plan and the modernization of SFGH. These are trying and challenging times. She has visited the ER and other Divisions in the Department. A strategic planning process can be helpful to leverage public dollars. She feels the Commission cannot assume what will happen without the public.

Dr. Rene Navarro submitted a letter from Dr. Alan Gelb, Chief of Medical Staff at SFGH, (Attachment B).

Jean Pauling, a patient, encouraged the Commission to talk with patients and doctors who are on the frontline. She suggested looking at the Denver and Seattle programs.

Dr. Melissa Welch, Chief Medical Officer, stated that the CHN is essential and provides the linkages in the network.

Tony Wagner, CHN Executive Administrator, appreciated the Commission's policy to develop a Strategic Plan, which should drive the budget. He feels the public health system belongs to the public. It is not that the Department doesn't "want" to do everything.

Ken Jensen, CHN Chief Financial Officer, stated the real issue is to negotiate with the insurance companies. It gets down to rates and capacity. The CHN has no surplus, only a deficit.

Public comments included questions about the availability of mammograms, the Diabetic Clinic, and the difficulty of getting into SFGH.

Gene O'Connell, SFGH Executive Administrator, thanked everyone for their comments. The Strategic Plan is not finished; more will be forthcoming.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

It was announced that the Health Commission will meet at the San Francisco General Hospital Carr Auditorium on Tuesday, December 5, 2000 at 3:00 p.m.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

SAN FRANCISCO GENERAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
THREE MONTHS ENDING SEPTEMBER 30, 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL				
Line			Fav/(Unfav)		Pre-Audit				Fav/(Unfav)		Pre-Audit
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	13,265	13,610	(345)	-2.5%	15,336	Inpatient Medi-Cal Revenue	161,154	162 186	(1 032)	-0.6%	150 724
2	4,188	4,253	(65)	-1.5%	3,654	Outpatient Medi-Cal Revenue	50,146	50,683	(537)	-1.1%	47,102
3	4,557	4,694	(136)	-2.9%	4,433	Inpatient Medicare Revenue	56 574	55,937	636	1.1%	54,665
4	1,765	1,874	(109)	-5.8%	1,670	Outpatient Medicare Revenue	21,808	22,334	(526)	-2.4%	21,826
5	8,242	6,825	1,417	20.8%	5,618	Inpatient Other Revenue	87,126	81,339	5,787	7.1%	83,236
6	5,177	4,871	306	6.3%	4,925	Outpatient Other Revenue	59,203	58 056	1 147	2.0%	59,412
7	37,193	36,126	1,067	3.0%	35,636	TOTAL PATIENT SERVICE REVENUE	436,011	430,535	5,476	1.3%	416,965
						REVENUE DEDUCTIONS:					
8	5,140	5,874	734	12.5%	4,745	Charity Care	68,111	70,000	1,889	2.7%	58,268
9	13,055	12,584	(471)	-3.7%	15,143	Provision for Medi-Cal Adjustments	158,053	149,972	(8,081)	-5.4%	148 060
10	2,269	2,349	80	3.4%	2,396	Provision for Medicare Adjustments	28,139	28,000	(139)	-0.5%	27,475
11	5,260	4,066	(1,194)	-29.4%	4,362	Provision for Other Adjustments	46,195	48,463	2,268	4.7%	52,287
12	1,917	1,917	(0)	0.0%	1,303	Provision for Bad Debt	23,000	23,000	(0)	0.0%	22,598
13	27,640	26,790	(851)	-3.2%	27,950	TOTAL REVENUE DEDUCTIONS	323,497	319,435	(4,062)	-1.3%	308,688
14	9,553	9,336	216	2.3%	7,686	NET PATIENT SERVICE REVENUE	112,514	111,101	1,414	1.3%	108,277
						OTHER OPERATING REVENUE:					
15	663	663	0	0.0%	445	Capitation	7,959	7,959	0	0.0%	6 248
16	548	388	160	41.2%	511	Short Doyle	4 654	4,654	0	0.0%	5,359
17	704	704	(0)	0.0%	704	MHRF Funding	8 453	8 453	0	0.0%	8,453
18	10,626	10 626	0	0.0%	11,573	SB855	127,518	127 518	0	0.0%	91 373
19	1,808	1,808	0	0.0%	4,000	SB1255	21,700	21,700	0	0.0%	21,700
20	108	108	(0)	0.0%	833	GME	1,300	1,300	0	0.0%	1,300
21	854	0	854	#DIV/0!	45	Prior Year Settlement	0	0	0	#DIV/0!	(667)
22	292	292	0	0.0%	826	MAA & Other Net Patient Revenue	3,501	3,500	1	0.0%	4,363
23	15,605	14,590	1,014	7.0%	18,938	OTHER OPERATING REVENUE	175,084	175,083	1	0.0%	138,129
24	25,157	23,927	1,231	5.1%	26,625	TOTAL OPERATING REVENUE	287,598	286,184	1,414	0.5%	246,406
						OPERATING EXPENSES:					
25	12,314	12,054	(260)	-2.2%	12,477	Personnel Services	153,149	151,158	(1 991)	-1.3%	148,920
26	2,874	2,750	(124)	-4.5%	2,809	Mandatory Fringe Benefits	34,851	34,490	(361)	-1.0%	35,819
27	9,879	8,410	(1,469)	-17.5%	7,146	Contractual Services	98,224	100,922	2 698	2.7%	90,210
28	2,489	2,148	(341)	-15.9%	1,785	Materials and Supplies (Excl. Pharmaceuticals)	25,808	25,775	(33)	-0.1%	22,922
29	1,000	1,000	0	0.0%	1,625	Pharmaceuticals	13,594	12 000	(1,594)	-13.3%	15 176
30	536	382	(154)	-40.3%	128	Facilities Maint. & Capital Outlay	4,589	4,589	0	0.0%	2,583
31	1,312	1,245	(67)	-5.4%	1,311	Services of Other Departments	14,938	14,938	0	0.0%	13 593
32	(988)	(936)	52	-5.5%	(870)	Expenditure Recovery	(11,232)	(11,232)	0	0.0%	(927)
33	8,185	8,185	0	0.0%	8,185	Operating Transfer Out	98,225	98,225	0	0.0%	63,914
34	187	187	0	0.0%	133	Intrafund Transfer	2,248	2,248	0	0.0%	1,590
35	611	428	(184)	-42.9%	2,795	Projects	5,131	5,131	0	0.0%	4,123
36	38,400	35,854	(2,546)	-7.1%	37,524	TOTAL OPERATING EXPENSES	439,524	438,244	(1,280)	-0.3%	397,923
37	(13,243)	(11,928)	(1,315)	11.0%	(10,899)	OPERATING INCOME/(LOSS)	(151,926)	(152,060)	134	-0.1%	(151,517)
						NON-OPERATING REVENUE:					
38	5,925	5,925	0	0.0%	3,055	General Fund	71,104	71,104	(0)	0.0%	54,839
39	5,093	5,093	0	0.0%	4,734	Realignment	61,113	61,113	0	0.0%	58,733
40	307	312	(5)	-1.5%	496	Prop 99	3,722	3,741	(19)	-0.5%	5,956
41	205	205	0	0.0%	756	Transfer In	2,463	2,463	0	0.0%	13,521
42	2,247	836	1,411	168.8%	356	Carryforward	10,034	10,034	0	0.0%	7,459
43	73	87	(14)	-15.6%	76	Cafeteria	877	1,040	(163)	-15.6%	877
44	235	214	21	9.9%	226	Miscellaneous	2,649	2,565	84	3.3%	3,038
45	14,086	12,672	1,414	11.2%	9,699	NON-OPERATING REVENUE	151,963	152,060	(97)	-0.1%	144,425
46	843	744	99		(1,199)	NET INCOME/(LOSS)	37	(0)	37		(7,092)

SAN FRANCISCO GENERAL HOSPITAL
SUMMARY STATISTICAL INFORMATION
SEPTEMBER 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Acute Activity					
1	1,421	1,658	(237)	-14.3%	1,658	Discharges	4,552	4,991	(439)	-8.8%	4,991
						Average Daily Census					
2	186	184	2	1.2%	207	Acute Med/Surg ADC	195	183	11	6.3%	200
3	92	96	(4)	-4.5%	95	Psych ADC	95	96	(1)	-1.5%	96
4	24	20	4	21.3%	21	Skilled Nursing ADC	22	20	2	10.5%	21
5	302	300	2	0.7%	323	Subtotal Excl. MHRF	312	300	12	4.0%	317
6	137	140	(3)	-2.0%	126	MHRF ADC	134	140	(6)	-4.3%	126
7	439	440	(1)	-0.2%	449	Subtotal Adult ADC	446	440	6	1.4%	443
8	6	7	(1)	-9.0%	15	Nursery ADC	7	7	(0)	-1.0%	14
9	6.4	5.5	(0.9)	-17.3%	8.4	Average Length of Stay (excl. MHRF)	6.4	5.6	0.8	14.2%	7.3
10	1.216	1.295	(0.1)	-6.1%	1.321	Medicare Case Mix Index	1.216	1.295	(0.1)	-6.1%	1.321
						Payor Mix (Gross Revenue)					
11	46.92%	49.44%	-2.52%		53.29%	Medi-Cal	45.76%	49.44%	-3.68%		49.72%
12	17.00%	18.18%	-1.18%		17.13%	Medicare	17.42%	18.18%	-0.76%		17.24%
13	36.08%	32.38%	3.70%		29.58%	Other	36.82%	32.38%	4.44%		33.04%
14	100.00%	100.00%	0.00%		100.00%	Total	100.00%	100.00%	0.00%		100.00%
						Patient Days					
15	5,115	5,212	(97)	-1.9%	5,663	Medi-Cal Patient Days (excl. MHRF)	14,079	15,983	(1,904)	-11.9%	16,667
16	1,907	1,907	0	0.0%	1,729	Medicare Patient Days (excl. MHRF)	6,168	5,848	320	5.5%	5,428
17	2,042	1,881	161	8.6%	2,301	Other Patient Days (excl. MHRF)	8,481	5,769	2,712	47.0%	7,062
18	9,064	9,000	64	0.7%	9,693	Total Patient Days (excl. MHRF)	28,728	27,600	1,128	4.1%	29,157
19	5,740	6,032	(292)	-4.8%	6,534	Medi-Cal Patient Days	17,512	18,497	(985)	-5.3%	19,411
20	1,937	1,931	6	0.3%	1,729	Medicare Patient Days	6,230	5,921	309	5.2%	5,428
21	5,503	5,238	265	5.1%	5,208	Other Patient Days	17,315	16,062	1,253	7.8%	15,926
22	13,180	13,200	(20)	-0.2%	13,471	Total Patient Days	41,057	40,480	577	1.4%	40,765
24	18,808	18,978	(170)	-0.9%	18,910	Adj. Patient Days	57,894	58,199	(304)	-0.5%	57,837
25	81.8%	81.9%	-0.1%	-0.2%	83.6%	% Occupancy (available beds)	83.1%	81.9%	1.2%	1.4%	82.5%
						KEY OPERATIONAL INDICATORS					
						Labor					
26	2,275	2,296	21	0.9%	2,369	FTEs - Productive	2,290	2,296	7	0.3%	2,373
27	309	313	4	1.3%	319	FTEs - Non-Productive	305	313	8	2.5%	310
28	2,584	2,610	26	1.0%	2,688	FTEs - Total	2,595	2,610	14	0.6%	2,683
29	334	334	0	0.1%	351	UC Non-Academic FTEs	334	334	0	0.1%	351
30	2,918	2,944	26	0.9%	3,039	Total FTEs	2,929	2,944	15	0.5%	3,034
31	4.7	4.7	(0.0)	0.0%	4.8	FTEs Per AOB (incl. UC)	4.6	4.7	0.0	0.8%	4.8
32	218.5	187.7	(30.8)	-16.4%	196.9	Hours per adj. Acute Discharge	218.5	191.2	(27.3)	-14.3%	199.4
33	58,644	57,472	(1,172)	-2.0%	55,739	Labor Cost per FTE	58,565	57,161	(1,404)	-2.5%	56,085
34	23.3%	22.8%	-0.5%	-2.3%	22.5%	Fringe Benefits as % of Salary	23.0%	22.8%	-0.2%	-0.8%	22.6%
35	337	227	110	48.5%	254	Vacancy positions	337	227	110	48.5%	254
						Revenues					
36	1,338	1,261	77	6.1%	1,921	Oper. Revenue per adj. Pat. Day	1,279	1,246	33	2.6%	1,921
37	671	600	71	11.8%	540	Oper. Rev. (excl. SB855/1255/GME)/APD	629	600	29	4.9%	540
38	12,406	10,038	2,369	23.6%	15,608	Oper. Revenue per adj. Discharge	11,535	10,108	1,427	14.1%	15,608
39	6,221	4,776	1,445	30.3%	4,391	Oper. Rev. (excl. SB855/1255/GME)/adj. Discharge	5,637	4,864	773	15.9%	4,391
						Expenses					
40	2,042	1,889	(152)	-8.1%	1,984	Operating Exp. Per adj. Pat. Day	1,910	1,865	(45)	-2.4%	1,966
41	1,606	1,458	(149)	-10.2%	1,419	Operating Exp.(excl. IGT)/adj. Pat. Day	1,486	1,443	(43)	-3.0%	1,411
42	18,937	15,042	(3,895)	-25.9%	16,123	Operating Exp. Per adj. Discharge	17,230	15,128	(2,102)	-13.9%	16,056
43	14,900	11,608	(3,293)	-28.4%	11,532	Operating Exp.(excl. IGT)/adj. Discharge	13,404	11,706	(1,698)	-14.5%	11,528
44	37%	34%	-3%	-8.3%	44%	Supply Exp. as % of net Pt. Rev.	32%	33%	1%	2.9%	43%
45	111	120	9	7.2%	128	Days Revenue in Accounts Receivable	120	120	(0)	-0.1%	128

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
THREE MONTHS ENDING SEPTEMBER 30, 2000
(In Thousands of Dollars)

Line	MONTH-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	376	316	60	19.0%	245	Medi-Cal Revenue	3,861	3,794	66	1.8%	3,353
2	151	111	40	36.0%	74	Medicare Revenue	1,437	1,329	108	8.1%	1,325
3	607	475	132	27.8%	387	Other Revenue	5,952	5,700	252	4.4%	5,594
4	1,134	902	232	25.7%	707	TOTAL PATIENT SERVICE REVENUE	11,250	10,823	427	3.9%	10,272
						REVENUE DEDUCTIONS:					
5	(52)	(50)	2	-4.0%	(89)	Provision for Medi-Cal Adjustments	(534)	(600)	(66)	11.0%	(464)
6	56	50	(6)	-12.5%	33	Provision for Medicare Adjustments	537	600	63	10.5%	495
7	584	452	(131)	-29.0%	369	Provision for Other Adjustments	5,723	5,430	(293)	-5.4%	5,378
8	105	103	(2)	-2.2%	23	Provision for Bad Debt	1,046	1,238	192	15.5%	955
9	693	556	(138)	-24.8%	337	TOTAL REVENUE DEDUCTIONS	6,772	6,668	(104)	-1.6%	6,364
10	440	346	94	27.2%	370	NET PATIENT SERVICE REVENUE	4,478	4,155	323	7.8%	3,908
						OTHER OPERATING REVENUE:					
11	62	62	0	0.0%	26	Capitation	744	744	0	0.0%	688
12	(46)	0	(46)	#DIV/0!	0	Prior Year Settlement	(78)	0	(78)	#DIV/0!	(1,051)
13	0	0	0	#DIV/0!	0	Carryforward	0	0	0	#DIV/0!	0
14	115	115	(0)	0.0%	73	TCM & Other Net Patient Revenue	1,382	1,382	0	0.0%	1,975
15	131	177	(46)	-25.8%	100	OTHER OPERATING REVENUE	2,048	2,126	(78)	-3.7%	1,611
16	572	523	48	9.2%	470	TOTAL OPERATING REVENUE	6,526	6,281	245	3.9%	5,518
						OPERATING EXPENSES:					
17	2,131	2,299	168	7.3%	2,248	Personnel Services	27,615	27,588	(26)	-0.1%	27,453
18	492	514	23	4.4%	492	Mandatory Fringe Benefits	6,373	6,173	(200)	-3.2%	6,450
19	470	429	(41)	-9.5%	368	Contractual Services	5,151	5,151	0	0.0%	3,379
20	111	93	(18)	-19.0%	90	Materials and Supplies (Excl. Phar)	1,117	1,117	0	0.0%	1,092
21	50	46	(4)	-8.2%	50	Pharmaceuticals	553	553	0	0.0%	543
22	119	112	(7)	-6.2%	(210)	Facilities Maint. & Capital Outlay	1,350	1,350	0	0.0%	195
23	67	65	(2)	-3.1%	86	Services of Other Departments	776	776	0	0.0%	1,037
24	(533)	(533)	0	0.0%	(444)	Expenditure Recovery	(6,402)	(6,402)	0	0.0%	(6,029)
25	1	1	(0)	0.0%	1	Projects	16	16	0	0.0%	0
26	2,907	3,027	120	4.0%	2,681	TOTAL OPERATING EXPENSES	36,548	36,321	(227)	-0.6%	34,119
27	(2,335)	(2,503)	168	-6.7%	(2,211)	OPERATING INCOME/(LOSS)	(30,022)	(30,040)	18	-0.1%	(28,601)
						NON-OPERATING REVENUE:					
28	2,582	2,502	80	3.2%	1,954	General Fund	30,029	30,029	0	0.0%	26,938
29	1	1	0	0.0%	1	Miscellaneous	12	12	0	0.0%	35
30	2,583	2,503	80	3.2%	1,954	NON-OPERATING REVENUE	30,040	30,040	0	0.0%	26,973
31	248	0	248		(256)	NET INCOME/(LOSS)	18	0	18		(1,628)

PRIMARY CARE CLINICS
SUMMARY STATISTICAL INFORMATION
SEPTEMBER, 2000

Line No.	CURRENT MONTH						YEAR-TO-DATE.				
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	33.18%	35.06%	-1.88%		34.72%	Medi-Cal	32.40%	35.06%	-2.65%		32.69%
2	13.28%	12.28%	1.00%		10.46%	Medicare	14.04%	12.28%	1.77%		12.98%
3	53.54%	52.67%	0.88%		54.82%	Other	53.55%	52.67%	0.89%		54.33%
4	100.00%	100.00%	0.00%		100.00%	Total	100.00%	100.00%	0.00%		100.00%
						Outpatient Activities					
5 *	2,120	2,120	0	0.0%	2,120	Castro-Mission Health Center	6,265	6 323	(58)	-0.9%	6,323
6 *	1,032	1,032	0	0.0%	1,032	Maxine Hall Health Center	3,445	3,028	417	13.8%	3,028
7 *	1,500	1,500	0	0.0%	1,500	Silver Avenue Family Health Center	4,048	3,876	172	4.4%	3,876
8 *	1,616	1,616	0	0.0%	1,616	Chinatown Public Health Center	4,973	4,913	60	1.2%	4,913
9 *	1,408	1,408	0	0.0%	1,408	Ocean Park Health Center	4,285	4,000	285	7.1%	4,000
10 *	1,099	1,099	0	0.0%	1,099	Potrero Hill Health Center	2,982	2,952	30	1.0%	2,952
11 *	1,471	1,471	0	0.0%	1,471	Southeast Health Center	4,354	4,689	(335)	-7.1%	4,689
12 *	4,946	4,946	0	0.0%	4,946	Tom Waddell Health Center	15,670	16,398	(728)	-4.4%	16,398
13 *	2,156	2,156	0	0.0%	2,156	North of market Senior Health Center	5,047	6,218	(1,171)	-18.8%	6,218
14 *	65	65	0	0.0%	65	Cole Strert Health Center	186	242	(56)	-23.1%	242
15 *	142	142	0	0.0%	142	Larkin Street Health Center	468	443	25	5.6%	443
16 *	39	39	0	0.0%	39	Youth Guidance Center	984	81	903	1114.8%	81
17 *	17,594	17,594	0	0.0%	17,594	Total Visits	52,707	53,163	(456)	-0.9%	53,163
						KEY OPERATIONAL INDICATORS					
						Labor					
18	346	381	36	9.4%	361	FTEs - Productive	354	381	28	7.3%	361
19	64	62	(2)	-2.5%	54	FTEs - Non-Productive	57	62	5	7.5%	54
20	409	443	34	7.7%	414	FTEs - Total	411	443	32	7.3%	414
22	$65,610	$61,627	($3,983)	-6.5%	$62,394	Labor Cost per FTE	$65,674	$61,627	($4,047)	-6.6%	$62,394
23	23.1%	22.4%	-0.70%	-3.1%	21.9%	Fringe Benefits as % of Salary	23.1%	22.4%	-0.70%	-3.1%	21.9%
24	45	32	(13)	-42.3%	27	Vacancy positions (excl. grants)	45	32	(13)	-42.3%	27
						Revenues					
25	$179	$172	$7	4.2%	$138	Oper. Revenue per Visit	$174	$171	$3	1.8%	$152
						Expenses					
26	28%	27%	-1%	-5.6%	30%	Supply Exp. as % of Oper. Rev.	25%	27%	1%	5.3%	29%

* Current month's actual visits assumed to be at budget if data is not available.

HOME HEALTH SERVICES
STATEMENT OF REVENUE AND EXPENSES
THREE MONTHS ENDING SEPTEMBER 30, 2000
(In Thousands of Dollars)

Line	MONTH-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						NET PATIENT SERVICE REVENUE:					
1	33	33	0	0.0%	37	Medi-Cal Revenue	391	391	0	0.0%	399
2	64	64	0	0.0%	74	Medicare Revenue	763	763	0	0.0%	755
3	0	0	0	#DIV/0!	0	Other Revenue	0	0	0	#DIV/0!	0
4	96	96	0	0.0%	111	NET PATIENT SERVICE REVENUE	1,154	1,154	0	0.0%	1,153
						OTHER OPERATING REVENUE:					
5	2	3	(0)	-10.0%	4	Other Net Patient Revenue	27	30	(3)	-10.0%	27
6	2	3	(0)	-10.0%	4	OTHER OPERATING REVENUE	27	30	(3)	-10.0%	27
7	98	99	(0)	-0.3%	115	TOTAL OPERATING REVENUE (CASH BASIS)	1,181	1,184	(3)	-0.3%	1,180
						OPERATING EXPENSES:					
8	221	275	54	19.7%	234	Personnel Services	2,864	3,301	436	13.2%	2,794
9	51	58	7	11.7%	49	Mandatory Fringe Benefits	662	694	32	4.6%	645
10	34	34	0	0.0%	25	Contractual Services	408	408	0	0.0%	147
11	16	16	0	0.0%	16	Materials and Supplies (Excl. Pharmaceuticals)	189	189	0	0.0%	126
12	1	1	0	0.0%	0	Pharmaceuticals	7	7	0	0.0%	6
13	0	0	0	#DIV/0!	0	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
14	3	3	0	0.0%	3	Services of Other Departments	35	35	0	0.0%	40
15	(49)	(49)	0	0.0%	0	Expenditure Recovery	(590)	(590)	0	0.0%	(543)
16	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
17	276	337	61	18.1%	327	TOTAL OPERATING EXPENSES	3,574	4,042	469	11.6%	3,215
18	(178)	(238)	61	-25.4%	(213)	OPERATING INCOME/(LOSS)	(2,393)	(2,859)	466	-16.3%	(2,035)
						NON-OPERATING REVENUE:					
19	238	238	0	0.0%	233	General Fund	2,859	2,859	0	0.0%	2,575
20	0	0	0	#DIV/0!	0	Miscellaneous	0	0	0	#DIV/0!	0
21	238	238	0	0.0%	233	NON-OPERATING REVENUE	2,859	2,859	0	0.0%	2,575
22	61	0	61		21	NET INCOME/(LOSS)	466	0	466		540

HOME HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
SEPTEMBER, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	33.92%	33.92%	0.00%		32.99%	Medi-Cal	33.92%	33.92%	0.00%		34.00%
2	66.08%	66.08%	0.00%		67.01%	Medicare	66.08%	66.08%	0.00%		66.00%
3	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
						Visits by Payor					
4	476	600	(124)	-20.7%	448	Medi-Cal	1,573	1,800	(227)	-12.6%	1,724
5	438	517	(79)	-15.2%	521	Medicare	1.200	1.550	(350)	-22.6%	1,520
6	587	533	54	10.1%	476	Other	1.618	1,600	18	1.1%	1,440
7	1,501	1,650	(149)	-9.0%	1,445	Total Visits	4 391	4,950	(559)	-11.3%	4,684
						Visits by Discipline					
8	841	829	12	1.4%	694	Skilled Nursing	2,496	2,488	9	0.3%	2,278
9	107	129	(22)	-17.2%	134	Occupational Therapy	277	388	(111)	-28.5%	418
10	182	221	(39)	-17.6%	193	Physical Therapy	556	663	(107)	-16.1%	659
11	80	100	(20)	-20.0%	80	Medical Social Worker	228	300	(72)	-24.0%	264
12	288	367	(79)	-21.5%	340	Home Health Aide	831	1,100	(269)	-24.5%	1,032
13	3	4	(1)	-28.0%	4	Speech Therapist	3	13	(10)	-76.0%	33
14	1,501	1,650	(149)	-9.0%	1,445	Total Visits	4,391	4,950	(559)	-11.3%	4,684
						KEY OPERATIONAL INDICATORS					
						Labor					
15	41	52	12	22.4%	48	FTEs - Productive	42	52	10	19.1%	48
16	8	9	0	5.2%	2	FTEs - Non-Productive	6	9	2	24.0%	2
17	49	61	12	19.9%	51	FTEs - Total	49	61	12	19 8%	51
18	5.6	6.3	0.8	12.0%	6.0	Hours per Visit	5.9	6.5	0.6	9.6%	5.6
19	$56,913	$53,580	($3,333)	-6.2%	$51,949	Labor Cost per FTE	$56.259	$53,580	($2,679)	-5.0%	$51,949
20	23.1%	21.0%	-2.1%	-9.9%	20.9%	Fringe Benefits as % of Salary	23.1%	21.0%	-2.1%	-9.9%	20.9%
21	5.0	5.1	(0.1)	-1.6%	6.0	Vacancy positions	5.0	5.1	(0.1)	-1.6%	6.0
						Revenues					
22	$64	$58	$6	9.9%	$77	Oper. Revenue (cash basis) per Visit	$66	$58	$7	12.7%	$63
						Expenses					
23	$184	$204	$20	9.9%	$227	Operating Exp. per Visit	$196	$204	$8	3.8%	$209
24	17%	17%	0%	0.0%	14%	Supply Exp. as % of Oper. Rev.	17%	17%	0%	1.7%	17%

JAIL SERVICES
STATEMENT OF REVENUE AND EXPENSES
THREE MONTHS ENDING SEPTEMBER 30, 2000
(In Thousands of Dollars)

Line	MONTH-TO-DATE						ANNUAL				
No.	Actual	Budget	Fav/(Unfav) Variance	% Var	Prior Year		Projection	Budget	Fav/(Unfav) Variance	% Var	Prior Year
						OPERATING EXPENSES:					
1	1,184	1,138	(46)	-4.0%	1,162	Personnel Services	14,800	13,654	(1,146)	-8.4%	14,173
2	246	200	(46)	-23.2%	228	Mandatory Fringe Benefits	3,078	2,397	(681)	-28.4%	2,952
3	341	341	0	0.0%	345	Contractual Services	4,094	4,094	0	0.0%	4,082
4	69	69	0	0.0%	54	Materials and Supplies (Excl. Pharmaceuticals)	829	829	0	0.0%	685
5	70	43	(27)	-61.3%	63	Pharmaceuticals	840	521	(319)	-61.3%	844
6	0	0	0	#DIV/0!	10	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
7	56	48	(8)	-15.9%	19	Services of Other Departments	578	578	0	0.0%	488
8	(62)	(62)	0	0.0%	(57)	Expenditure Recovery	(746)	(746)	(0)	0.0%	(783)
9	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
10	1,904	1,777	(127)	-7.1%	1,825	TOTAL OPERATING EXPENSES	23,473	21,326	(2,147)	-10.1%	22,441
11	(1,904)	(1,777)	(127)	7.1%	(1,825)	OPERATING INCOME/(LOSS)	(23,473)	(21,326)	(2,147)	10.1%	(22,441)
						NON-OPERATING REVENUE:					
12	1,783	1,775	8	0.4%	1,750	General Fund	21,301	21,301	0	0.0%	21,228
13	2	2	(0)	-0.8%	2	Miscellaneous	25	25	0	0.7%	26
14	1,785	1,777	8	0.4%	1,752	NON-OPERATING REVENUE	21,326	21,326	0	0.0%	21,254
15	(119)	0	(119)		(73)	NET INCOME/(LOSS)	(2,147)	0	(2,147)		(1,187)

JAIL SERVICES
SUMMARY STATISTICAL INFORMATION
SEPTEMBER, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Activity					
1	3,360	3,989	(629)	-15.8%	3,989	Patients Triaged	10,388	11,749	(1,361)	-11.6%	11,749
2	2,285	2,622	(337)	-12.9%	2,622	Patients Screened	7,098	7,892	(794)	-10.1%	7,892
3	596	843	(247)	-29.3%	843	Health Inventory Screenings	1,749	2,050	(301)	-14.7%	2,050
4	8,087	8,156	(69)	-0.8%	19,364	Sick Call Visits*	24,467	24,467	0	0.0%	56,868
5	1,340	1,393	(53)	-3.8%	3,931	Clinician Sick Calls*	4,179	4,179	0	0.0%	11,841
6	6,747	6,763	(16)	-0.2%	15,433	RN Sick Calls*	20,288	20,288	0	0.0%	45,027
7	232	484	(252)	-52.1%	484	X-Rays Performed	746	1,469	(723)	-49.2%	1,469
8	674	605	69	11.4%	605	Dental Visits	2,182	1,813	369	20.4%	1,813
9	500	710	(210)	-29.6%	710	Mental Health Evaluations	1,527	2,183	(656)	-30.1%	2,183
						KEY OPERATIONAL INDICATORS					
						Labor					
10	179	175	(4)	-2.2%	186	FTEs - Productive	185	175	(10)	-5.5%	186
11	34	29	(6)	-19.7%	25	FTEs - Non-Productive	30	29	(1)	-3.5%	25
12	213	204	(10)	-4.7%	211	FTEs - Total	214	204	(11)	-5.2%	211
14	69,388	66,482	(2,906)	-4.4%	65,353	Labor Cost per FTE	69,144	66,154	(2,990)	-4.5%	65,353
15	20.8%	17.6%	-3.2%	-18.5%	19.6%	Fringe Benefits as % of Salary	20.8%	17.6%	-3.2%	-18.5%	19.6%
16	25.0	21.7	3.2	14.8%	14.0	Vacancy positions	25.0	21.7	3.2	14.8%	14.0
						Expenses					
17	7.3%	6.3%	-1.0%	-15.4%	6.4%	Supply Exp. as % of Total Expenses	7.2%	6.3%	-0.8%	-13.3%	6.5%

* Previously, total encounters were reported. Effective 8/00, reporting methodology is adjusted accordingly to report actual visits.

Attachment A

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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Alan Gelb, M.D.
Chief

Emergency Services
San Francisco General Hospital
1001 Potrero Avenue, Room 1E21
San Francisco, California 94110
(415) 206-5754

October 23, 2000

President Guy and Health Commissioners,

Dr. Alan Gelb, Chief of Staff at San Francisco General Hospital, is out of town at a meeting of the American College of Emergency Physicians, and has asked that the following statement be made. He regrets not being able to be here today.

The Medical Staff at San Francisco General Hospital strongly believe that the Department of Public Health strategic plan include a recommendation regarding the "critical mass" concept at the hospital. In order to provide a broad spectrum of services to any patient population, no matter how small, the hospital and each of its departments must be sufficiently large enough to insure the care of any "target" patient population.

This "critical mass" is necessary for a number of reasons:

- First, clinical departments require sufficient numbers of physicians to provide 24 hours per day, 7 days per week coverage. These departments require adequate numbers of admissions, procedures, clinic visits and consultation requests to support the number of physicians necessary to provide this coverage.

- The inpatient capacity of the hospital needs to be large enough to care not only for any "target" patient population, but also for patients who seek the expertise of physicians on the medical staff. Currently, this capacity does not exist. Patients wait in the Emergency Department for long hours waiting for beds to become available. This results in diversion rates of nearly 50%, which send CHN patients to other hospitals, fragmenting their care and depriving them of specialized social and medical services best provided at San Francisco General Hospital. When patients cannot be referred for elective surgery and procedures, it threatens the retention and recruitment of medical staff who require these patients to maintain their expertise. Without these physicians, their services cannot be provided to any patients, including any "targeted" group.

- San Francisco General Hospital has played a key role in the city's response to epidemics and other public health emergencies for nearly 100 years and will continue to be called upon to do so in the future. Without a "critical mass" the hospital would have been unable to have responded to the large number of tuberculosis patients years ago, the increased number of psychiatric patients during the 1970's, the large number of patients with complications of drug use, or the episodic large number of victims of trauma, such as earthquake or gang war victims. The "safety net" does not only extend to indigent or uninsured patients, it is the responsibility of the Department of Public Health to ensure the capacity to respond to the next new "epidemic", regardless of who is affected.

The strategic plan currently under development should recognize the concept of "critical mass" with respect to San Francisco General Hospital. It should be developed with an understanding of the hospital's role in the past and a commitment to respond to San Francisco's future needs. The plan's current recommendations should not be based on current funding considerations, which are subject to unpredictable changes on a frequent basis. The process of developing these recommendations should be more "far-sighted" than that of developing an annual budget. The medical staff urge you to support a strategic plan that will maintain a hospital with the "critical mass' resources San Franciscans require.

Thank you.

Attachment B

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: ***http//www.dph.sf.ca.us***

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28/00

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, November 28, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT
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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JOINT JCC-SFGH/CHN MEETING OF OCTOBER 24, 2000**
**Minutes for October 24, 2000.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Ken Jensen, Chief financial Officer, CHN)
**Report*

5) **FOR DISCUSSION:** **THE IMPACT OF THE UCSF/SFGH AFFILIATION AGREEMENT IN THE COMMUNITY HEALTH NETWORK**
(Gene O'Connell, Executive Administrator, SFGH)

6) **FOR DISCUSSION:** **COMMUNITY HEALTH NETWORK PERFORMANCE INDICATORS**
(Hiro Tokubo, CHN Quality Management Director)
**Report*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away*)*, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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28/00

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING
FOR
COMMUNITY HEALTH NETWORK

DOCUMENTS DEPT.

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Tuesday, November 28, 2000
3:00 p.m.
Community Health Network Building
2589 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson, Commissioner Edward A. Chow, M.D., at 3:20 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
CHN Staff:	Tony Wagner, Gene O'Connell, Ken Jensen, Melissa Welch, M.D., Nancy Arata, Monique Zmuda, Phil Hopewell, M.D.

2) ACTION TAKEN: THE COMMITTEE APPROVED THE JOINT JCC-SFGH/CHN MEETING OF OCTOBER 24, 2000

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)

Mr. Wagner reported on his meeting with State Senator Jackie Speier and other CEO's of hospitals and HMO's.

Follow –up to the October 14th Prostate Cancer Awareness Event

As previously reported, Mr. Wagner participated in the African American Men's Prostate Health Project's Prostate Cancer Awareness event on October 14th. Commissioners Guy and Parker also attended the event.

Mr. Wagner reported the results of the event's efforts.

- A total of 95 people attended
- Saint Francis Hospital provided 25 men with free PSA tests, and reportedly, two cases were elevated PSA results.

A television commercial is currently being aired, featuring Reverends Amos Brown and Cecil Williams, encouraging African American men to be tested for prostate cancer. The commercial is funded by the San Francisco Section of the Bay Area Hospital Council. As of November 18th, more than twenty men had responded.

Testing should occur from age 40. Because this issue is controversial, the Community Health Network has not decided on a policy.

The goal of this project is to reach 800 men over the next two years and to inform them of the benefits of early detection, along with education, in the fight to save lives from this deadly disease. The Bayview Hunters Point Health and Environment Resource Center (HERC) number is listed as the contact agency.

Formation of Governance Working Group for Long-Term Care Pilot Project

On October 17, 2000, the Long-Term Care Pilot Project Task Force presented an update to the Health Commission on progress in developing a long-term care integration pilot project. One issue presented related to governance. As Co-Chairs of the Task Force, Jennie Chin Hansen and Mr. Wagner reviewed with the Health Commission the Task Force recommendation on governance, adopted on September 14, 2000, which was as follows:

In recognition of the recently created Department of Aging and Adult Services, the Task Force recommends the re-evaluation of all options for the governance structure of a long-term care integration pilot project. The Task Force also recommends that a Governance Working Group be established to review all options and prepare a proposal outlining the components of this governance structure, to be brought back to the Task Force in six months (by March 2001).

The Department of Public Health, as lead agency for the pilot project, should immediately initiate formal, structured discussions with the Governance Working Group, to be comprised of: (1) the Department of Aging and Adult Services; (2) The Department of Public Health; (3) the Department of Human Services; (4) the IHSS Public Authority the San Francisco Health Authority; (5) a subcommittee of the Task Force (which will include Co-Chairs, Jennie Chin Hansen and Mr. Wagner).

At its meeting of November 15, 2000, the Long-Term Care Pilot Project Task Force agreed that the following individuals would serve on the Governance Working Group:

Governance Working Group Membership

Department of Public Health, lead Agency	Tangerine Brigham
Department of Aging and Adult Services	Sandra Nathan
Department of Human Services	Anthony Nicco
IHSS Public Authority	Donna Calame
San Francisco Health Authority	Janie Tyre
Task Force Subcommittee	Jennie Chin Hansen Anthony Wagner Norma Satten Steve Gold Paul Kumar
Community Advocates and Service Providers	Marie Jobling Amy Rassen

The first meeting of the Working Group will take place in early December. The Task Force recommended that a younger disabled adult or an older adult who is a consumer of long-term care services be added to the Working Group.

Mr. Wagner will report the results of the Group's work in a future Joint Conference.

Laguna Honda Hospital Replacement Project (LHHRP) Community Meeting

The LHHRP will hold a community meeting to update the community on the progress of the project and to seek input. The meeting is scheduled for 7:00 P.M. in the LHH's Simon Auditorium. Mr. Wagner will continue to update Commissioners on the progress of the LHHRP through the CHN and LHH Joint Conferences. The entire Health Commission will also be briefed on a less frequent basis.

Department of Public Health (DPH) Budget Process Has Begun

The CHN is engaging as many levels of the organization as possible in the DPH budget process. Structural issues with the current budget, as well as above base initiatives are being proposed. CHN is collaborating with the Population, Health and Prevention Division on initiatives that involve both Divisions.

San Francisco Section of the Bay Area Hospital Council

The San Francisco Section continues to work on two major issues facing San Francisco Hospitals:

- A holding area for inebriates admitted to Emergency Departments continues to be an issue of major concern. At out last section meeting, Gene O'Connell was instrumental in moving the section from desiring a "drunk tank" to considering a more comprehensive holding facility where patients could be checked and observed over an appropriate period of time. The section has indicated its willingness to share in the funding and planning for such a facility.

- The workforce shortage of various classifications, particularly registered nurses, in San Francisco continues to be an issue of great concern to Hospital Administrators. The section has decided to work together to address this issue.

Finally, Dr. Martin Brotman of California Pacific Medical Center and Mr. Wagner will again serve as Co-Chairs of this section for 2001.

CHN Performance Measures

The CHN has established performance measures. It is a way of establishing accountability for the network, as well as maximizing the use of data to make management decisions. It is CHN's hope that CHN launches the pilot, CHN will become more proficient in monitoring and appropriately responding to these indicators during the pilot phase. In addition to these measures, the CHN will review the following weekly statistics with the Director's cabinet:

1) Census for LHH, SFGH and the MHRF
2) Patients waiting for discharge at LHH, SFGH and the MHRF
3) Direct admissions to LHH versus admissions to the admitting ward
4) Available beds at LHH, SFGH, and the MHRF

Mr. Wagner will begin reporting these statistics in December at the Director's cabinet meeting. These statistics will be used to improve patient flow. You will hear more about our performance measures when agenda item seven is discussed.

Transitions

Mr. Wagner announced the retirement of Joanne Burik. Joanne has been with the Department for 20 years and has served in multiple capacities both at SFGH and more recently within the CHN. She has been largely responsible for the management of the Office of Managed Care and leaves us with a very dedicated and extremely competent staff.

Mr. Wagner has always been able to count on Joanne for competent and sage advice, in addition to her excellent management of the Office of Managed Care.

Joanne's last day will be Friday, December 8, 2000. CHN is planning a farewell reception for Joanne, Friday, December 1, 2000 from 12:00 noon – 1:30 PM at SFGH in Room 2A6.

Commissioner Sanchez referred to the UCSF Referral Program, which gives bonuses for referrals. He raised this in the context of the inability to compete for physicians. Mr. Wagner commented that this issue needs to be addressed within the Department.

4) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Ken Jensen, Chief financial Officer, CHN)

Mr. Jensen projected a $1.4 million expense in excess of the budget due to pharmacy costs. He also reported the completion of audits of San Francisco General Hospital and Laguna Honda Hospital. These may be a possible issue with a management letter regarding medical records being sent to the Board of Supervisors.

Mr. Jensen presented Statements of Revenue and Expenses through October 30, 2000 and the Summary Statistical Information for the various sections within CHN, (Attachment A).

5) THE IMPACT OF THE UCSF/SFGH AFFILIATION AGREEMENT IN THE COMMUNITY HEALTH NETWORK

(Gene O'Connell, Executive Administrator, SFGH)

Ms. O'Connell presented an overview of the role of UCSF within the CHN (Attachment B).

Commissioners thanked the staff for the very informative information.

6) COMMUNITY HEALTH NETWORK PERFORMANCE INDICATORS

Mr. Wagner presented the CHN Performance Measures, (Attachment C). He emphasized the accountability and reporting aspects of the measures. The measures will be reported monthly to the Leadership Group; and these will be weekly statistics for monitoring purposes.

Dr. Hopewell emphasized the appropriate levels of care and not underutilization. The Department also has departmentwide indicators to measure performance.

Mr. Wagner will report back to the JCC as a follow-up to this report.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

SAN FRANCISCO GENERAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
FOUR MONTHS ENDING OCTOBER 31, 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
Line No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	16,998	14,031	2,966	21.1%	12,715	Inpatient Medi-Cal Revenue	164,121	162,186	1,934	1.2%	150,724
2	4,330	4,385	(55)	-1.2%	3,711	Outpatient Medi-Cal Revenue	50,091	50,683	(592)	-1.2%	47,102
3	4,600	4,839	(239)	-4.9%	4,712	Inpatient Medicare Revenue	56,334	55,937	397	0.7%	54,665
4	1,849	1,932	(83)	-4.3%	1,828	Outpatient Medicare Revenue	21,725	22,334	(609)	-2.7%	21,826
5	5,981	7,036	(1,055)	-15.0%	6,843	Inpatient Other Revenue	86,071	81,339	4,732	5.8%	83,236
6	5,457	5,022	435	8.7%	4,902	Outpatient Other Revenue	59,638	58,056	1,582	2.7%	59,412
7	39,215	37,246	1,969	5.3%	34,711	TOTAL PATIENT SERVICE REVENUE	437,981	430,535	7,445	1.7%	416,965
						REVENUE DEDUCTIONS:					
8	3,267	6,056	2,788	46.0%	5,344	Charity Care	65,322	70,000	4,677	6.7%	58,268
9	15,953	12,974	(2,979)	-23.0%	11,216	Provision for Medi-Cal Adjustments	160,231	149,972	(10,259)	-6.8%	149,060
10	2,315	2,422	107	4.4%	1,025	Provision for Medicare Adjustments	28,023	28,000	(24)	-0.1%	27,475
11	5,597	4,192	(1,405)	-33.5%	3,397	Provision for Other Adjustments	48,502	48,463	(39)	-0.1%	53,287
12	1,917	1,917	(0)	0.0%	3,369	Provision for Bad Debt	23,000	23,000	0	0.0%	23,598
13	29,050	27,561	(1,489)	-5.4%	24,351	TOTAL REVENUE DEDUCTIONS	325,079	319,435	(5,644)	-1.8%	311,688
14	10,165	9,685	480	5.0%	10,360	NET PATIENT SERVICE REVENUE	112,902	111,101	1,801	1.6%	105,277
						OTHER OPERATING REVENUE:					
15	921	663	258	38.9%	473	Capitation	8,733	7,959	774	9.7%	6,248
16	388	388	0	0.0%	125	Short Doyle	4,654	4,654	0	0.0%	5,359
17	704	704	0	0.0%	704	MHRF Funding	8,453	8,453	0	0.0%	8,453
18	10,626	10,626	0	0.0%	11,498	SB855	127,518	127,518	0	0.0%	91,373
19	1,808	1,808	0	0.0%	3,667	SB1255	21,700	21,700	0	0.0%	21,700
20	108	108	0	0.0%	750	GME	1,300	1,300	(0)	0.0%	1,300
21	0	0	0	#DIV/0!	696	Prior Year Settlement	0	0	0	#DIV/0!	(667)
22	292	292	(0)	0.0%	870	MAA & Other Net Patient Revenue	3,500	3,500	0	0.0%	4,363
23	14,848	14,590	258	1.8%	18,783	OTHER OPERATING REVENUE	175,858	175,083	774	0.4%	138,129
24	25,014	24,275	738	3.0%	29,143	TOTAL OPERATING REVENUE	288,760	286,184	2,576	0.9%	243,406
						OPERATING EXPENSES:					
25	12,848	12,456	(392)	-3.1%	11,948	Personnel Services	153,552	151,158	(2,394)	-1.6%	148,920
26	3,191	2,842	(349)	-12.3%	2,690	Mandatory Fringe Benefits	36,044	34,490	(1,554)	-4.5%	35,819
27	7,221	8,410	1,189	14.1%	7,144	Contractual Services	98,514	100,922	2,408	2.4%	90,210
28	1,936	2,148	212	9.9%	2,020	Materials and Supplies (Excl. Pharmaceuticals)	25,775	25,775	0	0.0%	22,922
29	1,200	1,000	(200)	-20.0%	1,625	Pharmaceuticals	14,400	12,000	(2,400)	-20.0%	15,176
30	382	382	0	0.0%	165	Facilities Maint. & Capital Outlay	4,589	4,589	0	0.0%	2,583
31	1,245	1,245	0	0.0%	1,363	Services of Other Departments	14,938	14,938	0	0.0%	13,593
32	(936)	(936)	0	0.0%	(870)	Expenditure Recovery	(11,232)	(11,232)	0	0.0%	(927)
33	8,185	8,185	0	0.0%	8,185	Operating Transfer Out	98,225	98,225	0	0.0%	63,914
34	187	187	0	0.0%	133	Intrafund Transfer	2,248	2,248	0	0.0%	1,590
35	428	428	0	0.0%	2,820	Projects	5,131	5,131	0	0.0%	4,123
36	35,887	36,348	461	1.3%	37,222	TOTAL OPERATING EXPENSES	442,183	438,244	(3,939)	-0.9%	397,923
37	(10,873)	(12,072)	1,199	-9.9%	(8,078)	OPERATING INCOME/(LOSS)	(153,423)	(152,060)	(1,363)	0.9%	(154,517)
						NON-OPERATING REVENUE:					
38	5,925	5,925	0	0.0%	3,055	General Fund	71,104	71,104	(0)	0.0%	65,350
39	5,093	5,093	0	0.0%	4,734	Realignment	61,113	61,113	0	0.0%	58,733
40	338	312	27	8.5%	496	Prop 99	3,807	3,741	66	1.8%	5,956
41	205	205	0	0.0%	1,190	Transfer In	2,463	2,463	0	0.0%	13,521
42	836	836	0	0.0%	627	Carryforward	10,034	10,034	0	0.0%	7,459
43	73	87	(14)	-15.6%	69	Cafeteria	877	1,040	(163)	-15.6%	877
44	193	214	(21)	-9.9%	226	Miscellaneous	2,565	2,565	0	0.0%	3,038
45	12,664	12,672	(8)	-0.1%	10,397	NON-OPERATING REVENUE	151,963	152,060	(97)	-0.1%	154,936
46	1,790	599	1,191		2,319	NET INCOME/(LOSS)	(1,460)	(0)	(1,460)		419

SAN FRANCISCO GENERAL HOSPITAL
SUMMARY STATISTICAL INFORMATION
OCTOBER 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Acute Activity					
1	1,443	1,637	(194)	-11.9%	1,637	Discharges	5,995	6,628	(633)	-9.6%	6,628
						Average Daily Cencus					
2	187	183	4	2.5%	198	Acute Med/Surg ADC	193	183	10	5.3%	200
3	89	92	(3)	-3.1%	97	Psych ADC	93	95	(2)	-1.9%	96
4	19	24	(5)	-20.6%	25	Skilled Nursing ADC	22	21	0	1.7%	22
5	296	299	(3)	-1.1%	320	Subtotal Excl. MHRF	308	300	8	2.8%	318
6	136	140	(4)	-3.1%	123	MHRF ADC	134	140	(6)	-4.0%	125
7	431	439	(8)	-1.7%	444	Subtotal Adult ADC	443	440	3	0.6%	443
8	7	7	(0)	-6.5%	12	Nursery ADC	7	7	(0)	-2.4%	14
9	6.4	5.7	(0.7)	-12.3%	7.6	Average Length of Stay (excl. MHRF)	6.4	5.6	0.8	13.7%	7.4
10	1.132	1.295	(0.2)	-12.6%	1.225	Medicare Case Mix Index	1.132	1.295	(0.2)	-12.6%	1.225
						Payor Mix (Gross Revenue)					
11	54.4%	49.4%	4.9%		47.3%	Medi-Cal	47.9%	49.4%	-1.5%		49.1
12	16.4%	18.2%	-1.7%		18.8%	Medicare	17.2%	18.2%	-1.0%		17.6
13	29.2%	32.4%	-3.2%		33.8%	Other	34.9%	32.4%	2.5%		33.2
14	100.0%	100.0%	0.0%		100.0%	Total	100.0%	100.0%	0.0%		100.0
						Patient Days					
15	6,145	5,372	773	14.4%	6,201	Medi-Cal Patient Days (excl. MHRF)	20,224	21,355	(1,131)	-5.3%	22,868
16	1,816	1,966	(150)	-7.6%	2,014	Medicare Patient Days (excl. MHRF)	7,984	7,814	170	2.2%	7,442
17	1,206	1,932	(726)	-37.6%	1,711	Other Patient Days (excl. MHRF)	9,687	7,700	1,987	25.8%	8,773
18	9,167	9,269	(102)	-1.1%	9,926	Total Patient Days (excl. MHRF)	37,895	36,870	1,025	2.8%	39,083
19	6,901	6,219	682	11.0%	6,983	Medi-Cal Patient Days	24,413	24,716	(303)	-1.2%	26,394
20	1,847	1,991	(144)	-7.2%	2,047	Medicare Patient Days	8,077	7,912	165	2.1%	7,475
21	4,626	5,400	(774)	-14.3%	4,722	Other Patient Days	21,941	21,462	479	2.2%	20,648
22	13,374	13,609	(235)	-1.7%	13,752	Total Patient Days	54,431	54,090	341	0.6%	54,517
24	19,017	19,566	(549)	-2.8%	19,667	Adj. Patient Days	76,914	77,764	(850)	-1.1%	77,504
25	80.3%	81.8%	-1.4%	-1.7%	82.6%	**% Occupancy (available beds)**	82.4%	81.9%	0.5%	0.6%	82.5
						KEY OPERATIONAL INDICATORS					
						Labor					
26	2,306	2,296	(10)	-0.4%	2,310	FTEs - Productive	2,294	2,296	3	0.1%	2,35
27	292	313	21	6.8%	393	FTEs - Non-Productive	302	313	11	3.5%	330
28	2,598	2,610	11	0.4%	2,703	FTEs - Total	2,596	2,610	14	0.5%	2,68
29	334	334	0	0.1%	351	UC Non-Academic FTEs	334	334	0	0.1%	35
30	2,932	2,944	12	0.4%	3,054	Total FTEs	2,930	2,944	14	0.5%	3,03
31	4.8	4.7	(0.1)	-2.5%	4.8	FTEs Per AOB (incl. UC)	4.6	4.7	0.0	0.5%	4.
32	224.3	196.4	(27.9)	-14.2%	207.3	Hours per adj. Acute Discharge	224.3	192.5	(31.8)	-16.5%	201.
33	58,867	57,442	(1,425)	-2.5%	55,366	Labor Cost per FTE	58,640	57,231	(1,409)	-2.5%	55,90
34	24.8%	22.8%	-2.0%	-8.8%	22.5%	Fringe Benefits as % of Salary	23.5%	22.8%	-0.7%	-2.9%	22.5
35	344	227	117	51.5%	233	Vacancy positions	344	227	117	51.5%	23
						Revenues					
36	1,315	1,241	75	6.0%	2,010	Oper. Revenue per adj. Pat. Day	1,288	1,245	43	3.4%	2,01
37	656	600	56	9.4%	673	Oper. Rev. (excl. SB855/1255/GME)/APD	636	600	36	6.0%	67
38	12,191	10,315	1,876	18.2%	16,889	Oper. Revenue per adj. Discharge	11,693	10,160	1,533	15.1%	16,88
39	6,078	4,985	1,093	21.9%	5,650	Oper. Rev. (excl. SB855/1255/GME)/adj. Discharge	5,770	4,894	877	17.9%	5,65
						Expenses					
40	1,887	1,858	(29)	-1.6%	1,893	Operating Exp. Per adj. Pat. Day	1,905	1,864	(42)	-2.2%	1,94
41	1,457	1,439	(17)	-1.2%	1,349	Operating Exp.(excl. IGT)/adj. Pat. Day	1,479	1,442	(37)	-2.6%	1,39
42	17,490	15,444	(2,046)	-13.2%	15,899	Operating Exp. Per adj. Discharge	17,297	15,207	(2,090)	-13.7%	16,01
43	13,501	11,966	(1,535)	-12.8%	11,335	Operating Exp.(excl. IGT)/adj. Discharge	13,432	11,771	(1,661)	-14.1%	11,48
44	31%	33%	2%	5.1%	35%	Supply Exp. as % of net Pt. Rev.	32%	33%	1%	2.7%	41
45	113	120	7	5.8%	131	**Days Revenue in Accounts Receivable**	113	120	7	5.8%	13

Attachment A
Page 2 of 10

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES

FOUR MONTHS ENDING OCTOBER 31, 2000

(In Thousands of Dollars)

Line	MONTH-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	455	316	139	43.8%	298	Medi-Cal Revenue	3,999	3,794	205	5.4%	3,353
2	195	111	84	75.8%	115	Medicare Revenue	1,520	1,329	192	14.4%	1,325
3	701	475	226	47.6%	535	Other Revenue	6,178	5,700	478	8.4%	5,594
4	1,350	902	449	49.7%	948	TOTAL PATIENT SERVICE REVENUE	11,698	10,823	875	8.1%	10,272
						REVENUE DEDUCTIONS:					
5	(63)	(50)	13	-25.8%	(108)	Provision for Medi-Cal Adjustments	(553)	(600)	(47)	7.8%	(464)
6	73	50	(23)	-45.5%	51	Provision for Medicare Adjustments	568	600	32	5.3%	495
7	674	452	(222)	-49.0%	510	Provision for Other Adjustments	5,940	5,430	(511)	-9.4%	5,378
8	126	103	(22)	-21.7%	205	Provision for Bad Debt	1,088	1,238	150	12.2%	955
9	809	556	(254)	-45.7%	658	TOTAL REVENUE DEDUCTIONS	7,043	6,668	(375)	-5.6%	6,364
10	541	346	195	56.3%	290	NET PATIENT SERVICE REVENUE	4,655	4,155	500	12.0%	3,908
						OTHER OPERATING REVENUE:					
11	62	62	0	0.0%	88	Capitation	744	744	0	0.0%	688
12	0	0	0	#DIV/0!	0	Prior Year Settlement	(78)	0	(78)	#DIV/0!	(1,051)
13	0	0	0	#DIV/0!	0	Carryforward	0	0	0	#DIV/0!	0
14	115	115	0	0.0%	73	TCM & Other Net Patient Revenue	1,382	1,382	0	0.0%	1,975
15	177	177	0	0.0%	161	OTHER OPERATING REVENUE	2,048	2,126	(78)	-3.7%	1,611
16	718	523	195	37.2%	452	TOTAL OPERATING REVENUE	6,703	6,281	422	6.7%	5,518
						OPERATING EXPENSES:					
17	2,297	2,299	2	0.1%	2,170	Personnel Services	27,615	27,588	(26)	-0.1%	27,453
18	530	514	(16)	-3.0%	475	Mandatory Fringe Benefits	6,373	6,173	(200)	-3.2%	6,450
19	429	429	0	0.0%	361	Contractual Services	5,151	5,151	0	0.0%	3,379
20	93	93	0	0.0%	93	Materials and Supplies (Excl. Phar)	1,117	1,117	0	0.0%	1,092
21	46	46	0	0.0%	50	Pharmaceuticals	553	553	0	0.0%	543
22	112	112	0	0.0%	38	Facilities Maint. & Capital Outlay	1,350	1,350	0	0.0%	195
23	65	65	0	0.0%	86	Services of Other Departments	776	776	0	0.0%	1,037
24	(533)	(533)	(0)	0.0%	(654)	Expenditure Recovery	(6,402)	(6,402)	(0)	0.0%	(6,029)
25	1	1	0	0.0%	1	Projects	16	16	0	0.0%	0
26	3,040	3,027	(13)	-0.4%	2,620	TOTAL OPERATING EXPENSES	36,548	36,321	(227)	-0.6%	34,119
27	(2,322)	(2,503)	181	-7.2%	(2,168)	OPERATING INCOME/(LOSS)	(29,845)	(30,040)	196	-0.7%	(28,601)
						NON-OPERATING REVENUE:					
28	2,502	2,502	0	0.0%	2,043	General Fund	30,029	30,029	0	0.0%	26,938
29	1	1	0	0.0%	(18)	Miscellaneous	12	12	0	0.0%	35
30	2,503	2,503	0	0.0%	2,025	NON-OPERATING REVENUE	30,040	30,040	0	0.0%	26,973
31	181	0	181		(143)	NET INCOME/(LOSS)	196	0	196		(1,628)

PRIMARY CARE CLINICS
SUMMARY STATISTICAL INFORMATION
OCTOBER, 2000

Line No.	CURRENT MONTH					KEY VOLUME INDICATORS	YEAR-TO-DATE				
	Actual	Budget	Variance	% Var	Prior Year		Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	33.68%	35.06%	-1.38%		31.46%	Medi-Cal	32.79%	35.06%	-2.27%		32.35%
2	14.41%	12.28%	2.14%		12.10%	Medicare	14.16%	12.28%	1.88%		12.74%
3	51.91%	52.67%	-0.76%		56.44%	Other	53.06%	52.67%	0.39%		54.91%
4	100.00%	100.00%	0.00%		100.00%	Total	100.00%	100.00%	0.00%		100.00%
						Outpatient Activities					
5 *	0	0	0	#DIV/0!	0	Balboa Teen Clinic	66	0	66	#DIV/0!	0
6 *	1,891	1,891	0	0.0%	1,891	Castro-Mission Health Center	8,680	8,214	466	5.7%	8,214
7 *	1,569	1,569	0	0.0%	1,569	Chinatown Public Health Center	6,645	6,482	163	2.5%	6,482
8 *	71	71	0	0.0%	71	Cole Street Health Center	244	313	(69)	-22.0%	313
9 *	143	143	0	0.0%	143	Larkin Street Health Center	624	586	38	6.5%	586
10 *	1,031	1,031	0	0.0%	1,031	Maxine Hall Health Center	4,713	4,059	654	16.1%	4,059
11 *	2,055	2,055	0	0.0%	2,055	North of Market Senior Health Center	6,884	8,273	(1,389)	-16.8%	8,273
12 *	1,278	1,278	0	0.0%	1,278	Ocean Park Health Center	5,844	5,278	566	10.7%	5,278
13 *	753	753	0	0.0%	753	Potrero Hill Health Center	3,697	3,705	(8)	-0.2%	3,705
14 *	1,409	1,409	0	0.0%	1,409	Silver Avenue Family Health Center	5,551	5,285	266	5.0%	5,285
15 *	1,578	1,578	0	0.0%	1,578	Southeast Health Center	5,867	6,267	(400)	-6.4%	6,267
16 *	5,696	5,696	0	0.0%	5,696	Tom Waddell Health Center	22,037	22,094	(57)	-0.3%	22,094
17 *	28	28	0	0.0%	28	Youth Guidance Center	1,570	109	1,461	1340.4%	109
18 *	17,502	17,502	0	0.0%	17,502	Total Visits	72,422	70,665	1,757	2.5%	70,665
						KEY OPERATIONAL INDICATORS					
						Labor					
19	352	381	30	7.8%	361	FTEs - Productive	353	381	28	7.4%	361
20	62	62	0	0.6%	54	FTEs - Non-Productive	58	62	4	5.8%	54
21	413	443	30	6.8%	414	FTEs - Total	412	443	32	7.2%	414
23	$65,413	$61,625	($3,788)	-6.1%	$62,394	Labor Cost per FTE	$65,609	$61,625	($3,984)	-6.5%	$62,394
24	23.1%	22.4%	-0.70%	-3.1%	21.9%	Fringe Benefits as % of Salary	23.1%	22.4%	-0.70%	-3.1%	21.9%
25	45	32	(13)	-42.3%	27	Vacancy positions (excl. grants)	45	32	(13)	-42.3%	27
						Revenues					
26	$184	$173	$11	6.4%	$141	Oper. Revenue per Visit	$171	$171	($0)	-0.1%	$149
						Expenses					
27	$174	$173	($1)	-0.4%	$150	Operating Exp. per Visit	$166	$171	$5	3.0%	$163
28	19%	27%	7%	27.1%	32%	Supply Exp. as % of Oper. Rev.	23%	27%	3%	11.9%	30%

* Current month's actual visits assumed to be at budget if data is not available.

HOME HEALTH SERVICES
STATEMENT OF REVENUE AND EXPENSES
FOUR MONTHS ENDING OCTOBER 31, 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL				
			Fav/(Unfav)						Fav/(Unfav)		
Line No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						NET PATIENT SERVICE REVENUE:					
1	33	33	0	0.0%	30	Medi-Cal Revenue	391	391	(0)	0.0%	399
2	64	64	0	0.0%	25	Medicare Revenue	763	763	0	0.0%	755
3	0	0	0	#DIV/0!	0	Other Revenue	0	0	0	#DIV/0!	0
4	96	96	0	0.0%	55	NET PATIENT SERVICE REVENUE	1,154	1,154	(0)	0.0%	1,153
						OTHER OPERATING REVENUE:					
5	2	3	(0)	-10.0%	5	Other Net Patient Revenue	27	30	(3)	-10.0%	27
6	2	3	(0)	-10.0%	5	OTHER OPERATING REVENUE	27	30	(3)	-10.0%	27
7	98	99	(0)	-0.3%	60	TOTAL OPERATING REVENUE (CASH BASIS)	1,181	1,184	(3)	-0.3%	1,180
						OPERATING EXPENSES:					
8	241	275	34	12.3%	234	Personnel Services	2,893	3,301	408	12.4%	2,794
9	56	58	2	3.6%	49	Mandatory Fringe Benefits	668	694	25	3.7%	645
10	34	34	0	0.0%	25	Contractual Services	408	408	0	0.0%	147
11	16	16	0	0.0%	16	Materials and Supplies (Excl. Pharmaceuticals)	189	189	0	0.0%	126
12	1	1	0	0.0%	0	Pharmaceuticals	7	7	0	0.0%	6
13	0	0	0	#DIV/0!	0	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
14	3	3	(0)	0.0%	3	Services of Other Departments	35	35	0	0.0%	40
15	(49)	(49)	0	0.0%	0	Expenditure Recovery	(590)	(590)	0	0.0%	(543)
16	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
17	301	337	36	10.7%	327	TOTAL OPERATING EXPENSES	3,609	4,042	433	10.7%	3,215
18	(203)	(238)	36	-15.0%	(268)	OPERATING INCOME/(LOSS)	(2,428)	(2,859)	430	-15.0%	(2,035)
						NON-OPERATING REVENUE:					
19	238	238	0	0.0%	233	General Fund	2,859	2,859	0	0.0%	2,575
20	0	0	0	#DIV/0!	0	Miscellaneous	0	0	0	#DIV/0!	0
21	238	238	0	0.0%	233	NON-OPERATING REVENUE	2,859	2,859	0	0.0%	2,575
22	36	0	36		(34)	NET INCOME/(LOSS)	430	0	430		540

HOME HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
OCTOBER, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Payor Mix (Gross Revenue)					
1	33.92%	33.92%	0.00%		54.04%	Medi-Cal	33.92%	33.92%	0.00%		37.14%
2	66.08%	66.08%	0.00%		45.96%	Medicare	66.08%	66.08%	0.00%		62.86%
3	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
						Visits by Payor					
4	553	600	(47)	-7.8%	548	Medi-Cal	2,126	2,400	(274)	-11.4%	2,272
5	489	517	(28)	-5.4%	518	Medicare	1,689	2,067	(378)	-18.3%	2,038
6	499	533	(34)	-6.4%	473	Other	2,117	2,133	(16)	-0.8%	1,913
7	1,541	1,650	(109)	-6.6%	1,539	Total Visits	5,932	6,600	(668)	-10.1%	6,223
						Visits by Discipline					
8	907	829	78	9.4%	787	Skilled Nursing	3,403	3,317	86	2.6%	3,065
9	83	129	(46)	-35.7%	110	Occupational Therapy	360	517	(157)	-30.3%	528
10	173	221	(48)	-21.7%	201	Physical Therapy	729	883	(154)	-17.5%	860
11	99	100	(1)	-1.0%	102	Medical Social Worker	327	400	(73)	-18.3%	366
12	279	367	(88)	-23.9%	335	Home Health Aide	1,110	1,467	(357)	-24.3%	1,367
13	0	4	(4)	-100.0%	4	Speech Therapist	3	17	(14)	-82.0%	37
14	1,541	1,650	(109)	-6.6%	1,539	Total Visits	5,932	6,600	(668)	-10.1%	6,223
						KEY OPERATIONAL INDICATORS					
						Labor					
15	42	52	11	20.6%	48	FTEs - Productive	42	52	10	19.5%	48
16	8	9	1	11.1%	2	FTEs - Non-Productive	7	9	2	20.8%	2
17	49	61	12	19.3%	51	FTEs - Total	49	61	12	19.6%	51
18	5.7	6.6	0.9	13.6%	5.8	Hours per Visit	5.7	6.5	0.8	12.9%	5.6
19	$57,988	$53,580	($4,408)	-8.2%	$51,949	Labor Cost per FTE	$56,691	$53,580	($3,111)	-5.8%	$51,949
20	23.1%	21.0%	-2.1%	-9.9%	20.9%	Fringe Benefits as % of Salary	23.1%	21.0%	-2.1%	-9.9%	20.9%
21	5.0	5.1	(0.1)	-1.6%	6.0	Vacancy positions	5.0	5.1	(0.1)	-1.6%	6.0
						Revenues					
22	$62	$58	$4	7.1%	$36	Oper. Revenue (cash basis) per Visit	$65	$58	$7	11.3%	$56
						Expenses					
23	$195	$204	$9	4.3%	$213	Operating Exp. per Visit	$196	$204	$8	3.9%	$210
24	17%	17%	0%	0.0%	29%	Supply Exp. as % of Oper. Rev.	17%	17%	0%	1.3%	19%

JAIL SERVICES
STATEMENT OF REVENUE AND EXPENSES
FOUR MONTHS ENDING OCTOBER 31, 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL				
ine			Fav/(Unfav)						Fav/(Unfav)		
lo.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year
						OPERATING EXPENSES:					
1	1,231	1,138	(94)	-8.2%	1,116	Personnel Services	14,800	13,654	(1,146)	-8.4%	14,173
2	256	200	(56)	-28.2%	219	Mandatory Fringe Benefits	3,078	2,397	(681)	-28.4%	2,952
3	341	341	0	0.0%	345	Contractual Services	4,094	4,094	0	0.0%	4,082
4	69	69	0	0.0%	54	Materials and Supplies (Excl. Pharmaceuticals)	829	829	0	0.0%	685
5	70	43	(27)	-61.3%	63	Pharmaceuticals	840	521	(319)	-61.3%	844
6	0	0	0	#DIV/0!	10	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0
7	48	48	0	0.0%	19	Services of Other Departments	578	578	0	0.0%	488
8	(62)	(62)	0	0.0%	(57)	Expenditure Recovery	(746)	(746)	0	0.0%	(783)
9	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0
10	1,954	1,777	(177)	-9.9%	1,770	TOTAL OPERATING EXPENSES	23,473	21,326	(2,147)	-10.1%	22,441
11	(1,954)	(1,777)	(177)	9.9%	(1,770)	OPERATING INCOME/(LOSS)	(23,473)	(21,326)	(2,147)	10.1%	(22,441)
						NON-OPERATING REVENUE:					
12	1,775	1,775	(0)	0.0%	1,750	General Fund	21,301	21,301	0	0.0%	21,228
13	2	2	0	3.8%	2	Miscellaneous	25	25	0	1.5%	26
14	1,777	1,777	0	0.0%	1,752	NON-OPERATING REVENUE	21,327	21,326	0	0.0%	21,254
15	(177)	0	(177)		(18)	NET INCOME/(LOSS)	(2,146)	0	(2,146)		(1,187)

JAIL SERVICES
SUMMARY STATISTICAL INFORMATION
OCTOBER, 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Activity					
1	3,580	3,749	(169)	-4.5%	3,749	Patients Triaged	13,968	15,498	(1,530)	-9.9%	15,498
2	2,415	2,596	(181)	-7.0%	2,596	Patients Screened	9,513	10,488	(975)	-9.3%	10,488
3	575	732	(157)	-21.4%	732	Health Inventory Screenings	2,324	2,782	(458)	-16.5%	2,782
4	8,661	8,156	505	6.2%	18,118	Sick Call Visits*	33,128	32,623	505	1.5%	74,986
5	1,426	1,393	33	2.4%	3,541	Clinician Sick Calls*	5,605	5,572	33	0.6%	15,382
6	7,235	6,763	472	7.0%	14,577	RN Sick Calls*	27,523	27,051	472	1.7%	59,604
7	182	482	(300)	-62.2%	482	X-Rays Performed	928	1,951	(1,023)	-52.4%	1,951
8	750	535	215	40.2%	535	Dental Visits	2,932	2,348	584	24.9%	2,348
9	523	728	(205)	-28.2%	728	Mental Health Evaluations	2,050	2,911	(861)	-29.6%	2,911
						KEY OPERATIONAL INDICATORS					
						Labor					
10	180	175	(5)	-2.6%	186	FTEs - Productive	184	175	(8)	-4.8%	186
11	31	29	(2)	-7.4%	25	FTEs - Non-Productive	30	29	(1)	-4.4%	25
12	210	204	(7)	-3.3%	211	FTEs - Total	213	204	(10)	-4.7%	211
14	$69,668	$66,451	($3,217)	-4.8%	$65,353	Labor Cost per FTE	$69,275	$66,229	($3,047)	-4.6%	$65,353
15	20.8%	17.6%	-3.2%	-18.5%	19.6%	Fringe Benefits as % of Salary	20.8%	17.6%	-3.2%	-18.5%	19.6%
16	25.0	21.7	3.2	14.8%	14.0	Vacancy positions	25.0	21.7	3.2	14.8%	14.0
						Expenses					
17	7.1%	6.3%	-0.8%	-12.5%	6.6%	Supply Exp. as % of Total Expenses	7.2%	6.3%	-0.8%	-13.1%	6.5%

* Previously, total encounters were reported. Effective 8/00, reporting methodology is adjusted accordingly to report actual visits.

LAGUNA HONDA HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
THE FOUR MONTHS ENDING OCTOBER 31, 2000
(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL			
			Fav/(Unfav)					Fav/(Unfav)	
	Actual	Budget	Variance	% Var	Prior Year	Projection	Budget	Variance	% Var
GROSS PATIENT REVENUE:									
Inpatient Medi-Cal Revenue *	47,110	39,920	7,190	18.0%	40,635	144,533	123,534	20,999	17.0%
Outpatient Medi-Cal Revenue	245	252	(7)	-2.8%	271	737	754	(17)	-2.3%
Inpatient Medicare Revenue	2,137	2,127	10	0.5%	1,726	6,746	6,314	432	6.8%
Outpatient Medicare Revenue	0	68	(68)	-100.0%	0	200	200	0	0.0%
Inpatient Other Revenue	2,422	2,527	(105)	-4.2%	2,377	8,199	7,495	704	9.4%
Outpatient Other Revenue	24	20	4	20.0%	23	72	63	9	14.3%
TOTAL PATIENT SERVICE REVENUE	51,938	44,914	7,024	15.6%	45,032	160,487	138,360	22,127	16.0%
REVENUE DEDUCTIONS:									
Provision for Medi-Cal Adjustments	18,446	11,669	(6,777)	-58.1%	13,190	55,427	34,628	20,799	60.1%
Provision for Medicare Adjustments	988	1,024	36	3.5%	832	3,190	3,037	153	5.0%
Provision for Other Adjustments	261	365	104	28.5%	431	1,093	1,080	13	1.2%
TOTAL REVENUE DEDUCTIONS	19,695	13,058	(6,637)	-50.8%	14,453	59,710	38,745	20,965	54.1%
NET PATIENT SERVICE REVENUE	32,243	31,856	387	1.2%	30,579	100,777	99,615	1,162	1.2%
OTHER OPERATING REVENUE	67	108	(41)	-38.0%	72	222	325	(103)	0.0%
TOTAL OPERATING REVENUE	32,310	31,964	346	1.1%	30,651	100,999	99,940	1,059	1.1%
OPERATING EXPENSES:									
Personnel Services *	28,451	28,225	(226)	-0.8%	27,851	88,353	87,353	(1,000)	-1.1%
Mandatory Fringe Benefits	7,283	7,255	(28)	-0.4%	8,151	22,525	22,525	0	0.0%
Contractual Services	698	916	218	23.8%	1,004	2,737	2,737	0	0.0%
Materials and Supplies	3,129	2,984	(145)	-4.9%	3,146	8,839	8,839	0	0.0%
Equipment	71	84	13	15.5%	89	249	249	0	0.0%
Services of Other Departments	1,878	1,878	0	0.0%	1,721	5,691	5,491	(200)	-3.6%
Facilites Maintenance & Capital Outlay	404	404	0	0.0%	697	1,215	1,215	0	0.0%
TOTAL OPERATING EXPENSES	41,914	41,746	(168)	-0.4%	42,659	129,609	128,409	(1,200)	-0.9%
OPERATING INCOME/(LOSS)	(9,604)	(9,782)	178	1.8%	(12,008)	(28,610)	(28,469)	(141)	-0.5%
NON-OPERATING REVENUE:									
General Fund *	9,665	9,664	1	0.0%	10,793	28,469	28,469	0	0.0%
NON-OPERATING REVENUE	9,665	9,664	1	0.0%	10,793	28,469	28,469	0	(0)
NET INCOME/(LOSS)	61	(118)	179	151.7%	(1,215)	(141)	0	(141)	

* August 1 Medi-Cal Wage Pass Through Medi-Cal Increases are not reflected in Personnel Expense or General Fund Subsidy.
The general fund subsidy reserve will off-set the required expenditure. The revenue is included.

LAGUNA HONDA HOSPITAL
SUMMARY STATISTICAL INFORMATION
OCTOBER, 2000

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Hospital Activity					
97	98	(1)	-0.7%	79	Discharges	383	392	(9)	-2.3%	349
					Average Daily Census					
2	10	(8)	-80.0%	6	Acute	4	10	(6)	-62.9%	7
1,051	1,055	(4)	-0.4%	1,066	Skilled Nursing	1,047	1,055	(8)	-0.8%	1,068
1,053	1,065	(12)	-1.1%	1,072	Total ADC	1,051	1,065	(14)	-1.3%	1,075
336.6	338.1	(1)	-0.4%	420.6	Average Length of Stay	337.6	327.2	10	317	378.7
data unavailable					RUGS Case Mix Index	data unavailable				
					Payor Mix (Gross Revenue)					
91.18%	89.40%	1.78%		90.50%	Medi-Cal	91.18%	89.40%	1.78%		90.84%
4.11%	4.90%	-0.79%		4.42%	Medicare	4.11%	4.90%	-0.79%		3.83%
4.71%	5.70%	-0.99%		5.08%	Other	4.71%	5.70%	-0.99%		5.33%
100.00%	100.00%	-0.01%		100.00%		100.00%	100.00%	0.00%		100.00%
					Patient Days (Census Days)					
31,751	32,190	(439)	-1.4%	32,370	Medi-Cal Patient Days	125,953	127,720	(1,767)	-1.4%	129,036
533	396	137	34.6%	429	Medicare Patient Days	1,780	1,572	208	13.2%	1,445
371	429	(58)	-13.5%	430	Other Patient Days	1,581	1,703	(122)	-7.2%	1,683
32,655	33,015	(360)	-1.1%	33,229	Total Patient Days	129,314	130,995	(1,681)	-1.3%	132,164
91.8%	92.9%	(0.010)	-1.1%	93.5%	% Occupancy (available beds)	91.6%	92.9%	(0.012)	-1.3%	93.7%
					KEY OPERATIONAL INDICATORS					
					Labor					
1,522	1,529	(7)	-0.4%	1,532	Total FTEs	1,520	1,529	(9)	-0.6%	1,516
1.4	1.4	0	0.7%	1.4	FTEs Per Patient Day	1.4	1.4	0	0.8%	1.4
25.65%	25.01%	-0.64%	-2.6%	29.26%	Fringe Benefits as % of Salary	25.60%	25.01%	-0.59%	-2.4%	29.27%
108	93	16	17.0%	101 (1/00)	Vacancy positions (November 1)	108	93	16	17.0%	10 (1/00)
					Revenues					
246	244	-2	-0.8%	230	Oper. Revenue per Patient Day	250	244	6	2.4%	232
82,813	82,488	324	0.4%	96,848	Oper. Revenue per Discharge	84,361	82,488	1,872	2.3%	37,824
					Expenses					
315	361	46	12.7%	331	Operating Exp. Per Patient Day	324	361	37	10.2%	323
11%	9%	-2.3%	-25.3%	12%	Supply Exp. as % of net Pt. Rev.	10%	9%	-0.5%	-5.7%	10%
81	45	(36)	-79.1%	42	Days Revenue in Accounts Receivable (9/30 data	81	45	(36)	-79.1%	42

ROLE OF UCSF WITHIN THE COMMUNITY HEALTH NETWORK

The University of California, San Francisco provides services throughout the Community Health Network. The majority of services are provided through the UC Contract with San Francisco General Hospital Medical Center. Additional services provided within the CHN are done so through either contracts or Memorandum of Understandings (MOUs). The table below displays how UCSF supports services throughout the Department of Public Health.

UCSF Supports Services throughout CHN System of Care

SFGH SERVICES	SFGH	LHH	PRIMARY CARE (BOTH SFGH AND COMMUNITY BASED)	JAIL HEALTH SERVICES
SPECIALTY SERVICES				
Medical Specialty consults, referrals, treatment, etc.	X	X	X	
Surgical Specialty consults, referrals, treatment, etc	X	X	X	
OB/GYN – high risk pregnancy, abortions,	X	X	X	
Pediatrics – pedi emergency, pedi specialties	X		X	
Psychiatry – acute, emergency and psychosocial medicine and substance abuse treatment	X		X	X
Emergency Services	X		X	
DIAGNOSTIC SERVICES				
Clinical Laboratories	X	X	X	X
Radiology/Nuclear Med	X	X	X	X
Anatomic Pathology	X	X	X	
Gastroenterology	X		X	
SUPPORT SERVICES				
Biomedical Engineering	X	X	X	X
PUBLIC HEALTH ACTIVITIES				
HIV/AIDS	X	X	X	
TB	X	X	X	
Violence & Injury Prevention	X	X	X	X
Primary Care	X	X	X	

A listing of all of the various contracts and MOUs that the CHN holds with UCSF is attached for your review.

LISTING OF ALL CONTRACTS, WORK ORDERS, AND MOUs WITH UCSF THAT PROVIDE SERVICES TO PATIENTS THROUGHOUT THE CHN

CHN ENTITY	DESCRIPTION OF SERVICE	TOTAL BUDGETED CONTRACT AMOUNT
Jail Health Services	Department of Psychiatry provides Forensic Case Management Services through City-wide Case Management. Provides services to clients at both jails and 7L with mental health illnesses.	$132,000 ***MOU***
LHH	Primary Care Services by a Gerontological Nurse Practitioner for residents of Laguna Honda Hospital and Clinical Nurse Specialist for participants in Adult Day Health Center	$122,850 ***Contract***
LHH	Physician: Opthamology	$49,930 ***MOU***
LHH	Physician: Dermatology	$25,000 ***MOU***
LHH	Physician: Gynecology	$8,875 ***MOU***
LHH	Physician: Nephrology	$10,000 ***MOU***
LHH	Physician: Neurology	$63,275 ***MOU***
LHH	Physician: Orthopedics	$30,000 ***MOU***
LHH	Physician: Radiology	$63,000 ***MOU***
LHH	Physician: Rheumatology	$10,000 ***MOU***
LHH	Physician: Medical Exams	$10,500 ***MOU***
Primary Care	Maxine Hall Health Center Mental Health Pilot	$50,000 *UC Contract*
Primary Care	Prenatal Partnership *with Family Community Medicine and OB/GYN*	$15,000 *MOU*

CHN ENTITY	**DESCRIPTION OF SERVICE**	**TOTAL BUDGETD CONTRACT AMOUNT**
Primary Care	Primary Care Substance Use Services *with Department of Psychiatry – Psychosocial Medicine*	$90,000 *UC Contract*
Primary Care	"Yes We Can" Asthma Program – Pediatric Specialty Clinics	$25,000 *MOU*
SFGH	Tertiary Care Contract	$1,700,000 ***UCSF Contract***
SFGH	Medical Director & Assistant for Fire Department emergency medical services	$235,750 ***Contract***
SFGH	Psychiatric Consultation, Psychotherapy, Neuropsychiatric; Mental Health Crisis, HIV-IDU Case Management Services	$977,701 ***Contract***
SFGH	Physician and radiologist services at SFGH TB Control Program	$227,435 ***Contract***
SFGH	Citwide case management services, AIDS, mental health, and Jail Psychiatric Services (sole source: Intensive Case Management Services and Research/Evaluation of these services)	$3,004,394 ***Contract***
SFGH	Operation of regional poison control/toxic information center	$109,854 ***Contract***
SFGH	Mental Health Single Point of Responsibility services	$2,923,245 ***Contract***
SFGH	Perinatal/ Neonatal Affiliation Agreement renewal	$6,000 ***Contract***

CHN ENTITY	DESCRIPTION OF SERVICE	TOTAL BUDGETD CONTRACT AMOUNT
SFGH	Renal Dialysis	$574,894 ***UC Contract***
SFGH	Airport Clinic	$3,051,864 ***UC Contract***
SFGH	Child Trauma	$25,000 ***UC Contract***
SFGH	CMHS- Mental Health Services (CDC funded)	$54,840 ***UC Contract***
SFGH	CSAS-ASAP/Assessment Program (CDC)	$241,510 ***UC Contract***
SFGH	HIV Assess & Prevention (HAPS)	$181,415 ***UC Contract***
SFGH	Misc CSARC (6 Work Orders)	$246,249 ***UC Contract***
SFGH	Child & Adolescent Services (CMHS)	$60,000 ***UC Contract***
SFGH	Ryan White Title I, Title II, & Gen Funds	$1,867,451 ***UC Contract***
SFGH	Substance Abuse MOU with CSAS	$1,729,741 ***UC Contract***
SFGH	Asbestos B Testing	$5,000 ***UC Contract***
SFGH	Child Consultation	$17,7870 ***UC Contract***
	TOTAL:	***$18,767,777***

FY 00/01 CHN PERFORMANCE MEASURES
(November 15, 2000)

INTRODUCTION

OVERVIEW

- CHN Leadership identified the following performance measures, indicators and standards that are tied to budget, quality of care, clinical outcomes and effectiveness, and administrative/management issues.
- CHN performance measures should be connected with CHN strategic goals
- The measures should cover three broad areas:
    - Financial
    - Clinical outcomes/effectiveness
    - Administrative/management
- CHN Leadership will hold themselves accountable to these measures.
- **By December 1, 2000, at least one standard will be approved for each effectiveness indicator.**
- **These measures, indicators and standards will be piloted until June 30, 2001.**

REPORTING

- Data will be collected on a regular basis (most likely monthly)
- Reports will be distributed on a regular basis (most likely monthly)
- Variances will be discussed and actions identified to correct the variances.
- Start with a limited number of performance indicators and assess whether these pilot indicators and standards are useful.
- Open issues - Data collection schedule
- Need to identify data submission deadline to Planning/Diane
- Data will be reported at CHN Leadership on the second meeting of the month.
- The CHN Performance Measures will be reported to CHN JCC.

MEA GOALS

- **When appropriate, the CHN Performance Measures should be used to establish individual MEA goals for this fiscal year.**
- **Individual mutually-agreed upon MEA goals will be established in collaboration with the CHN Executive Director.**

DPH DIRECTIONS FOR FY00/01

- Live within budget
- The LHH DOJ will be brought to closure
- Proposal for universal health coverage
- Clinically-supported housing
- Reduce institution care
- Integrate CHN with PHP

FY 00/01 DPH/CHN BENCHMARKS

Part of the DPH strategic planning process included a subcommittee that recommended that DPH start establishing benchmarks for selected key performance areas. Benchmarking is defined as a way of measuring and comparing organizations results to a standard of excellence. The reporting of performance results is an important management tool that healthcare organizations are beginning to adopt. DPH Benchmarks were established for three areas of the CHN -- SFGH, LHH and Primary Care. The specific benchmarks are listed in Exhibit I.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

.453
9/00
2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http//www.dph.sf.ca.us***

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, December 19, 2000
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF NOVEMBER 28, 2000**
**Minutes for November 28, 2000.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

101 Grove Street **San Francisco, CA 94102-4505**

4) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Ken Jensen, Chief financial Officer, CHN)
**Report*

5) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access:

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away*)*, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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9/00

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING
FOR
COMMUNITY HEALTH NETWORK

DOCUMENTS DEPT.

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Tuesday, December 19, 2000
3:00 p.m.
Community Health Network Building
2589 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson, Commissioner Edward A. Chow, M.D., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

CHN Staff: Tony Wagner, Gene O'Connell, Sharon Kotabe, Pharm.D., Ken Jensen, Melissa Welch, M.D., Hiro Tokubo, Nancy Arata, Larry Funk, Diane Miller, David Ofman, M.D., Phil Hopewell, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 28, 2000

Action Taken: The Committee unanimously adopted the minutes of November 28, 2000

3) EXECUTIVE ADMINISTRATOR'S REPORT
(Tony Wagner, CHN Executive Administrator)

(See Attachment A)

Commissioner Chow raised the question of whether primary care should look at an external accrediting process. He does not want this question to be forgotten. Should the CHN consider a network survey? Mr. Wagner would not recommend this for the upcoming JCAHO in 2002, maybe for 2005. Ms. O'Connell does not think the infrastructure is there. Dr. Welch feels the CHN is not ready now; she also recommends the entire network to be surveyed, not piecemeal. This is a strategic direction question for the Department. Hiro Tokubo, CHN Quality Management, thinks these are policy and practical questions being raised. The price tag would be large for the appropriate infrastructure.

Commissioner Chow encouraged staff to focus on quality assurance responsibilities in the coming year. He would like to see QA reports on the agenda of future JCC meetings. Dr. Welch noted there is more cohesive quality assurance on primary care.

4) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Ken Jensen, Chief financial Officer, CHN)

Mr. Jensen presented the statements/Revenues ending November 2000 and Summary Statistical Information for SFGH, Primary Care Clinics, Home Health Services, Jail Health Services, and Laguna Honda Hospital, (Attachment D). He also presented the proposed CHN Budget for FY 2001/02.

Mr. Wagner projected a $1 million need for preparations for the 2002 JCAHO survey.

Commissioner Sanchez in general supports the proposed CHN budget.

Commissioner Chow supports forensics, pharmacy, the Chinatown social worker position, and case management. He also indicated the 3% COLA is important. He requested the Department to include in the Base Budget the Chinatown Gambling Prevention Project because the Commission public hearing in Chinatown presented compelling justification.

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

Executive Administrator's Report

I. Pharmacy Update

Our pharmacy benefits management contract has been in operation one month, Mr. Wagner's report on the status would be of interest to the Commissioners. Attached to my report, are summary bullets of significant information regarding this new service. Dr. Sharon Kotabe is also present to address any specific questions you might have (See attachment B).

- **PBM Initiation/Impact on SFGH Outpatient Pharmacy**

  The contract with Pharmaceutical Care Network (PCN) for providing pharmacy benefits management services to uninsured CHN patients was initiated on November 16, 2000. The following Monday, November 20, 2000, the Outpatient Pharmacy at San Francisco General Hospital began operating under new business hours. The new hours are 10 AM to 7 PM, Mondays through Fridays, and prescription services limited to patients being discharged from the hospital on weekends and holidays. It is too early to accurately predict future workload. It was approximately 17% lower than prescription volume in November 1999.

- **Problems/Complaints/Compliments**

  Although there was an initial problem with patients who were not in the eligibility file transmitted to PCN, this problem was quickly resolved. Prior to the resolution being implemented, patients impacted by the eligibility file problem were able to receive medication. This was made possible by a pre-arranged process that allows community pharmacists to dispense an emergency 5-day supply of medication to patients not located in the CHN/PCN eligibility database. To date, there have been no reports of difficulty with the system leading to patients not receiving their medication and/or suffering adverse outcomes. Informal and anecdotal reports received from prescribers, CHN staff, and community pharmacists have been largely favorable and complimentary regarding the smooth and relatively problem-free transition to the new system.

- **Pharmacy Network Volume/Utilization**

  Including the Outpatient Pharmacy at SFGH, 63 of 117 pharmacies in PCN's pharmacy network filled over 2,000 prescriptions for CHN's uninsured patients during the first two weeks of the new program (November 16 through November 30, 2000) Twelve were independent pharmacies, and the remainder were part of a chain pharmacy system. Six pharmacies (excluding SFGH Outpatient Pharmacy) filled 100 or more prescriptions during this period. Five of the six were part of the Walgreen's chain (the other was a Rite-Aid pharmacy), and Walgreen's pharmacy closest to SFGH filled over 500 prescriptions during this period. While the largest volume of prescriptions were filled in the Castro/Mission/Market Street areas, prescriptions were filled in almost all other San Francisco areas.

- **Follow–up/Unresolved issues**

  The formation of an oversight committee to monitor PCN's performance, as agreed upon in the compromise between the Department and SEIU, has not been accomplished. The Department sent a letter on November 30, 2000 to SEIU representatives requesting confirmation of their representatives for the committee; tentative meeting dates, and proposed meeting structure. A response is awaited. Weekly conference call meetings between PCN and CHN representatives continue. The purpose of the conference call meeting is to address and resolve outstanding and new issues that arise with the new system. One issue that has not yet been resolved is the every 10-minute polling of eligibility files for new enrollees. The ability of pharmacists to provide a 5-day supply of medication when patients are not in the eligibility database (described above) has helped assure that patients receive their prescribed medication.

  Forms have been submitted to hire pharmacy staff for all DPH budgeted vacancies. Given the national pharmacist shortage, however, it is not certain how quickly the Department will be able to fill the vacancies.

Mr. Wagner thanked Sharon Kotabe, Pharm.D., for her hard work amid the controversy. A community pharmacist had remarked that this was the smoothest transition he has seen.

Commissioner Sanchez acknowledged and thanked Dr. Kotabe for the exceptional task with great quality assurance. He remarked that most hospitals have eliminated outpatient pharmacy services. Dr. Kotabe stated that the goal is to keep the standard waiting time of half-hour to 45 minutes

Commissioner Chow would like to see quarterly progress reports, with the incorporation of the statistics from the SFGH outpatient pharmacy. He encouraged looking at the integrated clinical data to use as management tools.

Commissioner Sanchez stated that U.C. will have a new diversity program for training pharmacists. Also, he encouraged the inclusion of some of the S.F. General Hospital Foundation Board members to serve on the Bond Steering Committee.

II. CHN Patient Flow Monitoring

Dr. Katz has requested the CHN to closely monitor and report on our ability to respond to patient demand. Attached is the report beginning Friday 12/8 – Tuesday 12/14. This report is a work in progress and will continue to be refined, until it addresses all of our requirements for monitoring patient flow (See attachment C).

III. Trauma Care

The provision of trauma care continues to be a difficult issue throughout the state. The Hospital Council of Southern California (HASC) & Los Angeles County have been engaged in trauma care discussion for several months. The HASC Hospital Council Board voted to recommend the following:

"Urge the California Healthcare Association to advocate for legislation to stabilize the trauma system in California specifically:

> The State of California shall support a statewide trauma system and take steps necessary to secure the system's long-term stability. Included shall be sufficient funding to assure that there is reasonable payment to trauma hospitals for every patient treated regardless of insurance status.
>
> Trauma stabilization are to be paid to a costly trauma stabilization fund, integrated with the existing costly trauma services fund, and administered by a county EMS claims payment mechanism to issue reasonable payment of uninsured claims"

This language was supported by the CHA Board of Trustees.

Los Angeles County convened a meeting yesterday to organize a statewide effort to secure state fund to trauma centers. The goal is to try to obtain additional funding relief for those centers in the Governor's 2001-02 budget. Dr. Bob Mackersie, head of the SFGH Trauma Center, was our representative at the meeting.

IV. Announcement

Mr. Wagner continues to serve in many professional organizations, representing healthcare providers. He was recently re-elected to the Board of Directors & Executive Committee of the California Association of Public Hospitals and Health Systems (CAPH). He was also re-elected to a three-year term to the Board of Trustees and Executive Committee of the California Health Care Association (CHA). Locally, Dr. Martin Brotman and Mr. Wagner will continue to serve as co-chairs of the San Francisco section of the Hospital Council of Northern California.

V. SFGH Bond Replacement Process

As you probably read in the Saturday, December 17th edition of the Chronicle, the Mayor has voiced strong support for a SFGH replacement bond issue for a November 2001 election. Dr. Katz has requested that staff organize a process as was done for the LHH bond replacement process, once Health Commission approval is obtained. As with the LHH replacement process, Dr. Katz and City Attorney Louise Rene would co-chair the SFGH Replacement Steering Committee. The Committee would have representation from the SFGH, the University, Labor, Consumers and other stakeholders. Three subcommittees would be established: Program, Finance and Technical

It is our intention to bring this matter before the Comission at the January 9th meeting in which the "Speier option" would be proposed. This is the option that would build a new SFGH Facility on the parking lots, south of the Emergency Department, to be completed by 2013. You will be given a detailed presentation of this issue at the January 9th Health Commission meeting.

VI. Larry Funk, Executive Administrator of Laguna Honda Hospital, gave an update on the Laguna Honda Hospital Replacement Project. Also, the Department of Justice survey was just completed. The Department of Justice had areas of concern on general patient safety but had observed progress at Laguna Honda Hospital. The next step is whether the present Federal administration or new administration will make the decision. Mr. Funk would like to request the closure of the investigation and the provision of ongoing progress reports. Mr. Wagner acknowledged the team effort of the CHN/LHH staff for the DOJ visit.

VII. Dr. Melissa Welch, CHN Chief Medical Officer, reported this to be a successful year for primary care. The productivity and revenues are on target; and finances are in the black now. She would like to work on the clinical area at LHH.

PHARMACY UPDATE – DECEMBER 19, 2000

PBM initiation/impact on SFGH Outpatient Pharmacy

- PBM (Pharmaceutical Care Network – PCN) program started November 16, 2000.
- New SFGH Outpatient Pharmacy hours (10AM-7PM, M-F, closed except for discharge prescriptions on weekends and holidays) started November 20, 2000.
- SFGH Outpatient Pharmacy volume decreased by 17.2% November 2000 vs. November 1999.

Problems/complaints/compliments

- Initial eligibility upload file from CHN to PCN not complete, therefore some patients not in database at community pharmacies, even though eligible for services (problem resolved within one week of implementation.)
- Patients received prescriptions even with eligibility upload problem thanks to ability of community pharmacist to dispense an emergency 5-day supply of medication.
- No reports to date of patients suffering adverse outcome due to inability to receive medication with the new system.
- Anecdotal reports and compliments received from providers, staff and community pharmacists that transition to new system was smooth and relatively problem-free.

Pharmacy network volume/utilization

- Preliminary data indicates that over 2,000 prescriptions were filled by 63 pharmacies (including SFGH Outpatient Pharmacy) in PCN's network during the two-week period, November 16 to November 30, 2000.
- 12 (of the 63) were independently owned and the remainder were chain pharmacies.
- 6 network pharmacies (excluding SFGH) filled 100 or more prescriptions, and the Walgreen's Pharmacy closest to SFGH filled over 500 prescriptions.
- Largest volume of prescriptions were filled in pharmacies in the Castro, Mission, Market street areas, but prescriptions were also filled by pharmacies in almost all other San Francisco areas (see attached diagram.)

Follow-up/unresolved issues

- Oversight committee agreed upon in the compromise agreement between the Department and SEIU has not yet met. The Department sent a letter to SEIU on November 30, 2000 requesting confirmation of the details for this committee to form/meet.
- Weekly conference call meetings between PCN and CHN representatives continue to address and resolve outstanding and new issues that arise.
- Forms to allow recruitment and hire of pharmacy staff for all vacant DPH budgeted positions have been submitted. Because of the national pharmacist shortage, it is uncertain how quickly these positions will be filled.

Community Health Network
Weekly Patients/Residents Activities Summary Report

	12/08/00 Friday	12/09/00 Saturday	12/10/00 Sunday	12/11/00 Monday	12/12/00 Tuesday	12/13/00 Wednesday	12/14/00 Thursday	Weekly Average	Budgeted Beds	Difference
Midnight Census										
San Francisco General	428	437	468	477	459	448	458	454	444	(10)
Medical/Surgical	181	184	209	218	202	188	201	198	180	(18)
Critical Care	20	17	18	19	18	17	18	18	21	3
PCU/MPA (4B)	17	15	21	20	20	18	21	19	21	2
Psychiatry	85	89	95	94	90	92	93	91	92	1
SNF	22	24	24	26	28	28	26	25	20	(5)
Mental Health Rehab Facility	140	140	140	139	139	140	138	139	152	13
All SFGH and MHR								Weekly Total		
Admitted	59	43	49	54	61	51	51	368		
Discharged	53	66	40	23	53	68	62	365		
Laguna Honda Hospital	1,052	1,051	1,051	1,055	1,055	1,056	1,056	1,054	1,065	11
Total SNF	1,051	1,050	1,049	1,052	1,052	1,053	1,053	1,051	1,055	4
SNF	807	808	807	811	811	813	811	810	787	(23)
Claredon Hall	154	154	154	155	156	156	157	155	162	7
SNF Rehab (L4S)	20	20	20	20	19	18	17	19	20	1
AIDS (O4A)	28	27	27	27	27	28	28	27	30	3
Hospice (C2)	20	19	19	18	18	17	17	18	26	8
Admitting Unit (M5)	22	22	22	21	21	21	23	22	30	8
Total Acute	1	1	2	3	3	3	3	2	10	8
Acute Rehab (L4A)	1	1	1	2	2	2	2	2	3	1
Acute (M7A)			1	1	1	1	1	1	7	6
								Weekly Total		
Admitted	2		1	6	3	3	3	18		
Discharged	5	1	1	2	3	1	3	16		
Awaiting Placement										
San Francisco General										
Medical/Surgical (1)							6			
Possible LHH Placement							2			
Possible Community Place.							1			
Home Hospice										
Others							2			
Bridge Committee							1			

Attachment C
Page 1 of 2

Community Health Network
Weekly Patients/Residents Activities Summary Report

	12/08/00 Friday	12/09/00 Saturday	12/10/00 Sunday	12/11/00 Monday	12/12/00 Tuesday	12/13/00 Wednesday	12/14/00 Thursday	Weekly Average	Budgeted Beds	Difference
ED Waiting Bed (12 midnt)						2	4			
Psych Emergency										
Psychiatry (2)						15				
Possible LHH Placement						4				
Possible MHRF						6				
Possible Community Place.						5				
Bridge Committee										
MHRF						41				
Residential Care						18				
Broderick Home						13				
Residential Treatment						3				
LHH Geriatric/Medical SNF						3				
Community Geriatric LTC						2				
Hotels						2				

Bridge Committee	FY 99-00	FY 00-01 YTD
Placed	31	16
Pending Referrals		3
Pending Patch		1

Primary Care Next Available New Pt. Appt.	Average Days	Minimum Days	Maximum Days
Adult	24	8	32
Pediatric	5		

(1) Patients who are deemed "decertified" by hospital Utilization Review staff.
(2) Patients with LOS of 20 or more days, who are on Short Doyle Admin. Days or on Denied Days due to Exclusionary Dx. All ready for discharge.

Attachment C
Page 2 of 2

SAN FRANCISCO GENERAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
NOVEMBER 2000
(In Thousands of Dollars)

Line	MONTH-TO-DATE		Fav/(Unfav)				ANNUAL		Fav/(Unfav)			
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year	
						GROSS PATIENT REVENUE:						
1	12,068	13,300	(1,232)	-9.3%	13,324	Inpatient Medi-Cal Revenue	162,889	162,186	702	0.4%	150,619	1
2	3,915	4,156	(241)	-5.8%	3,655	Outpatient Medi-Cal Revenue	49,850	50,683	(833)	-1.6%	47,210	2
3	4,663	4,587	76	1.7%	4,403	Inpatient Medicare Revenue	56,411	55,937	473	0.8%	54,766	3
4	2,221	1,831	389	21.3%	1,732	Outpatient Medicare Revenue	22,114	22,334	(219)	-1.0%	21,725	4
5	8,982	6,670	2,313	34.7%	5,997	Inpatient Other Revenue	88,384	81,339	7,045	8.7%	83,296	5
6	4,984	4,761	224	4.7%	4,947	Outpatient Other Revenue	59,862	58,056	1,806	3.1%	59,349	6
7	36,834	35,305	1,528	4.3%	34,058	TOTAL PATIENT SERVICE REVENUE	439,509	430,535	8,974	2.1%	416,965	7
						REVENUE DEDUCTIONS:						
8	6,360	5,740	(620)	-10.8%	4,121	Charity Care	65,943	70,000	4,057	5.8%	58,268	8
9	12,408	12,298	(110)	-0.9%	12,255	Provision for Medi-Cal Adjustments	160,192	149,972	(10,220)	-6.8%	149,060	9
10	2,471	2,296	(175)	-7.6%	2,038	Provision for Medicare Adjustments	28,190	28,000	(191)	-0.7%	27,475	10
11	4,464	3,974	(490)	-12.3%	5,288	Provision for Other Adjustments	48,948	48,463	(485)	-1.0%	53,287	11
12	1,917	1,917	0	0.0%	2,946	Provision for Bad Debt	23,000	23,000	0	0.0%	23,598	12
13	27,620	26,225	(1,396)	-5.3%	26,647	TOTAL REVENUE DEDUCTIONS	326,274	319,435	(6,839)	-2.1%	311,688	13
14	9,213	9,081	133	1.5%	7,411	NET PATIENT SERVICE REVENUE	113,236	111,101	2,135	1.9%	105,277	14
						OTHER OPERATING REVENUE:						
15	728	663	65	9.7%	474	Capitation	8,733	7,959	774	9.7%	6,248	15
16	388	388	0	0.0%	415	Short Doyle	4,654	4,654	0	0.0%	5,359	16
17	704	704	0	0.0%	704	MHRF Funding	8,453	8,453	0	0.0%	8,453	17
18	10,626	10,626	0	0.0%	11,469	SB855	127,518	127,518	0	0.0%	91,373	18
19	1,808	1,808	0	0.0%	3,667	SB1255	21,700	21,700	0	0.0%	21,700	19
20	108	108	0	0.0%	750	GME	1,300	1,300	(0)	0.0%	1,300	20
21	4,150	0	4,150	#DIV/0!	0	Rev from other city departments	9,960	9,960	0	0.0%	9,654	21
22	(448)	0	(448)	#DIV/0!	31	Prior Year Settlement	0	0	0	#DIV/0!	(667)	22
23	292	292	0	0.0%	(1,637)	MAA & Other Net Patient Revenue	3,500	3,693	(193)	-5.2%	4,363	23
24	18,357	14,590	3,767	25.8%	15,873	OTHER OPERATING REVENUE	185,818	185,236	582	0.3%	147,783	24
25	27,570	23,671	3,899	16.5%	23,284	TOTAL OPERATING REVENUE	299,053	296,337	2,717	0.9%	253,060	25
						OPERATING EXPENSES:						
26	12,780	12,054	(726)	-6.0%	12,704	Personnel Services	153,552	151,158	(2,393)	-1.6%	148,920	26
27	3,146	2,750	(396)	-14.4%	2,860	Mandatory Fringe Benefits	36,399	34,490	(1,908)	-5.5%	35,819	27
28	8,210	8,410	201	2.4%	7,862	Contractual Services	98,514	101,114	2,600	2.6%	85,717	28
29	2,148	2,148	0	0.0%	2,020	Materials and Supplies (Excl. Pharmaceuticals)	25,775	25,775	0	0.0%	22,433	29
30	1,200	1,000	(200)	-20.0%	0	Pharmaceuticals	14,400	12,000	(2,400)	-20.0%	14,956	30
31	382	382	0	0.0%	(61)	Facilities Maint. & Capital Outlay	4,589	4,589	0	0.0%	1,385	31
32	1,245	1,245	0	0.0%	576	Services of Other Departments	14,938	14,938	0	0.0%	13,251	32
33	3,214	(936)	(4,150)	443.4%	(1,101)	Expenditure Recovery	(1,272)	(1,272)	0	0.0%	(927)	33
34	8,185	8,185	0	0.0%	8,185	Operating Transfer Out	98,225	98,225	0	0.0%	63,914	34
35	187	187	0	0.0%	133	Intrafund Transfer	2,248	2,248	0	0.0%	1,590	35
36	0	0	0	#DIV/0!	2,500	SB1255 & GME IGT	0	0	0	#DIV/0!	0	36
37	428	428	0	0.0%	320	Projects	5,131	5,131	0	0.0%	1,890	37
38	41,125	35,854	(5,271)	-14.7%	35,996	TOTAL OPERATING EXPENSES	452,498	448,396	(4,102)	-0.9%	388,947	38
39	(13,555)	(12,183)	(1,371)	-11.3%	(12,713)	OPERATING INCOME/(LOSS)	(153,445)	(152,059)	(1,385)	-0.9%	(135,887)	39
						NON-OPERATING REVENUE:						
40	5,925	5,925	0	0.0%	3,054	General Fund	71,104	71,104	0	0.0%	65,350	40
41	5,093	5,093	0	0.0%	5,150	Realignment	61,113	61,113	0	0.0%	58,733	41
42	317	312	5	1.8%	496	Prop 99	3,807	3,741	66	1.8%	6,101	42
43	205	205	0	0.0%	905	Transfer In	2,463	2,463	0	0.0%	2,265	43
44	836	836	0	0.0%	576	Carryforward	10,034	10,034	0	0.0%	0	44
45	73	87	(13)	-15.6%	74	Cafeteria	877	1,039	(162)	-15.6%	877	45
46	214	214	0	0.0%	226	Miscellaneous	2,565	2,565	0	0.0%	2,905	46
47	12,664	12,672	(8)	-0.1%	10,481	NON-OPERATING REVENUE	151,963	152,059	(96)	-0.1%	136,231	47
48	(891)	488	(1,379)		(2,232)	NET INCOME/(LOSS)	(1,481)	(0)	(1,481)		344	48

SAN FRANCISCO GENERAL HOSPITAL
SUMMARY STATISTICAL INFORMATION
NOVEMBER 2000

Line	CURRENT MONTH						YEAR-TO-DATE				
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
						Acute Activity					
1	1,470	1,575	(105)	-6.7%	1,575	Discharges	7,465	8,203	(738)	-9.0%	8,203
						Average Daily Cencus					
2	188	175	13	7.2%	194	Acute Med/Surg ADC	192	182	10	5.7%	199
3	88	92	(4)	-3.9%	97	Psych ADC	92	95	(2)	-2.3%	96
4	20	23	(3)	-13.5%	25	Skilled Nursing ADC	21	22	(0)	-1.5%	23
5	296	290	6	2.0%	316	Subtotal Excl. MHRF	306	298	8	2.6%	317
6	136	140	(4)	-2.5%	124	MHRF ADC	135	140	(5)	-3.7%	125
7	432	430	2	0.6%	440	Subtotal Adult ADC	440	438	3	0.6%	443
8	6	7	(1)	-7.6%	12	Nursery ADC	7	7	(0)	-3.4%	13
9	6.1	5.5	(0.6)	-10.6%	6.0	Average Length of Stay (excl. MHRF)	6.3	5.6	0.7	13.1%	6.0
10	1.300	1.295	0.0	0.4%	1.210	Medicare Case Mix Index	1.300	1.295	0.0	0.4%	1.210
						Payor Mix (Gross Revenue)					
11	43.4%	49.4%	-6.1%		49.9%	Medi-Cal	47.1%	49.4%	-2.4%		49.3%
12	18.7%	18.2%	0.5%		18.0%	Medicare	17.5%	18.2%	-0.7%		17.7%
13	37.9%	32.4%	5.5%		32.1%	Other	35.5%	32.4%	3.1%		33.0%
14	100.0%	100.0%	0.0%		100.0%	Total	100.0%	100.0%	0.0%		100.0%
						Patient Days					
15	4,633	5,320	(687)	-12.9%	6,121	Medi-Cal Patient Days (excl. MHRF)	26,375	27,699	(1,324)	-4.8%	30,294
16	1,946	1,863	83	4.4%	2,026	Medicare Patient Days (excl. MHRF)	9,930	9,677	253	2.6%	9,468
17	2,299	1,518	781	51.5%	1,334	Other Patient Days (excl. MHRF)	10,468	8,194	2,274	27.8%	8,802
18	8,878	8,700	178	2.0%	9,481	Total Patient Days (excl. MHRF)	46,773	45,570	1,203	2.6%	48,564
19	5,293	6,139	(846)	-13.8%	6,846	Medi-Cal Patient Days	29,706	31,880	(2,174)	-6.8%	34,545
20	2,001	1,887	114	6.0%	2,073	Medicare Patient Days	10,078	9,799	279	2.9%	9,548
21	5,678	4,874	804	16.5%	4,273	Other Patient Days	27,619	25,312	2,307	9.1%	23,616
22	12,972	12,900	72	0.6%	13,192	Total Patient Days	67,403	66,990	413	0.6%	67,709
24	18,582	18,547	35	0.2%	18,544	Adj. Patient Days	95,478	96,311	(833)	-0.9%	96,048
25	80.5%	80.1%	0.4%	0.6%	81.9%	**% Occupancy (available beds)**	82.0%	81.5%	0.5%	0.6%	82.4%
						KEY OPERATIONAL INDICATORS					
						Labor					
26	2,135	2,296	161	7.0%	2,289	FTEs - Productive	2,262	2,296	34	1.5%	2,344
27	528	313	(215)	-68.6%	456	FTEs - Non-Productive	347	313	(34)	-10.9%	356
28	2,663	2,610	(54)	-2.1%	2,745	FTEs - Total	2,609	2,610	0	0.0%	2,699
29	334	334	0	0.0%	351	UC Non-Academic FTEs	334	334	0	0.0%	351
30	2,997	2,944	(54)	-1.8%	3,096	Total FTEs	2,943	2,944	0	0.0%	3,050
31	4.8	4.8	(0.1)	-1.6%	5.0	FTEs Per AOB (incl. UC)	4.7	4.7	(0.0)	-0.2%	4.9
32	58,775	59,277	502	0.8%	56,704	Labor Cost per FTE	58,668	57,640	(1,027)	-1.8%	56,065
33	24.6%	22.8%	-1.8%	-7.9%	22.5%	Fringe Benefits as % of Salary	23.7%	22.8%	-0.9%	-3.9%	22.5%
34	332	227	105	46.3%	230	Vacancy positions	332	227	105	46.3%	230
						Revenues					
35	1,260	1,276	(16)	-1.2%	1,821	Oper. Revenue per adj. Pat. Day	1,283	1,251	32	2.5%	1,821
36	585	600	(15)	-2.4%	399	Oper. Rev. (excl. SB855/1255/GME)/APD	626	600	26	4.4%	399
37	11,122	10,454	668	6.4%	15,250	Oper. Revenue per adj. Discharge	11,581	10,218	1,362	13.3%	15,250
38	5,166	4,914	251	5.1%	3,341	Oper. Rev. (excl. SB855/1255/GME)/adj. Discharge	5,651	4,898	753	15.4%	3,341
						Expenses					
39	2,213	1,933	(280)	-14.5%	1,941	Operating Exp. Per adj. Pat. Day	1,965	1,877	(88)	-4.7%	1,946
40	1,773	1,492	(281)	-18.8%	1,365	Operating Exp.(excl. IGT)/adj. Pat. Day	1,537	1,452	(84)	-5.8%	1,390
41	19,530	15,834	(3,696)	-23.3%	16,258	Operating Exp. Per adj. Discharge	17,744	15,333	(2,411)	-15.7%	16,065
42	15,643	12,219	(3,424)	-28.0%	11,432	Operating Exp.(excl. IGT)/adj. Discharge	13,874	11,861	(2,013)	-17.0%	11,470
43	36%	35%	-2%	-4.8%	27%	Supply Exp. as % of net Pt. Rev.	32%	33%	1%	3.8%	38
44	117	120	3	2.5%	136	**Days Revenue in Accounts Receivable**	117	120	3	2.5%	136

Attachment D
Page 2 of 10

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
NOVEMBER 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL					
			Fav/(Unfav)						Fav/(Unfav)			
ine lo.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year	
						GROSS PATIENT REVENUE:						
1	358	316	41	13.1%	297	Medi-Cal Revenue	4,041	3,794	246	6.5%	3,353	1
2	151	111	40	36.5%	133	Medicare Revenue	1,561	1,329	232	17.5%	1,325	2
3	618	475	143	30.0%	520	Other Revenue	6,321	5,700	621	10.9%	5,594	3
4	1,126	902	225	24.9%	950	TOTAL PATIENT SERVICE REVENUE	11,923	10,823	1,100	10.2%	10,272	4
						REVENUE DEDUCTIONS:						
5	(49)	(50)	(1)	1.1%	(107)	Provision for Medi-Cal Adjustments	(559)	(600)	(41)	6.9%	(464)	5
6	56	50	(6)	-13.0%	59	Provision for Medicare Adjustments	583	600	17	2.8%	495	6
7	594	452	(141)	-31.3%	496	Provision for Other Adjustments	6,077	5,430	(648)	-11.9%	5,378	7
8	105	103	(2)	-1.5%	95	Provision for Bad Debt	1,108	1,238	130	10.5%	955	8
9	706	556	(150)	-27.0%	542	TOTAL REVENUE DEDUCTIONS	7,210	6,668	(543)	-8.1%	6,364	9
10	421	346	75	21.5%	408	NET PATIENT SERVICE REVENUE	4,712	4,155	557	13.4%	3,908	10
						OTHER OPERATING REVENUE:						
11	62	62	0	0.0%	0	Capitation	744	744	0	0.0%	688	11
12	0	0	0	#DIV/0!	0	Prior Year Settlement	(78)	0	(78)	#DIV/0!	(1,051)	12
13	0	0	0	#DIV/0!	0	Carryforward	0	0	0	#DIV/0!	0	13
14	115	115	0	0.0%	612	TCM & Other Net Patient Revenue	1,382	1,382	0	0.0%	1,975	14
15	177	177	0	0.0%	612	OTHER OPERATING REVENUE	2,048	2,126	(78)	-3.7%	1,611	15
16	598	523	75	14.2%	1,020	TOTAL OPERATING REVENUE	6,760	6,281	479	7.6%	5,518	16
						OPERATING EXPENSES:						
17	2,277	2,299	22	0.9%	2,247	Personnel Services	27,615	27,588	(26)	-0.1%	27,453	17
18	526	514	(11)	-2.2%	492	Mandatory Fringe Benefits	6,373	6,173	(200)	-3.2%	6,450	18
19	429	429	0	0.0%	366	Contractual Services	5,151	5,151	0	0.0%	3,379	19
20	93	93	0	0.0%	90	Materials and Supplies (Excl. Phar)	1,117	1,117	0	0.0%	1,092	20
21	46	46	0	0.0%	50	Pharmaceuticals	553	553	0	0.0%	543	21
22	112	112	0	0.0%	38	Facilities Maint. & Capital Outlay	1,350	1,350	0	0.0%	195	22
23	65	65	0	0.0%	86	Services of Other Departments	776	776	0	0.0%	1,037	23
24	(533)	(533)	0	0.0%	(497)	Expenditure Recovery	(6,402)	(6,402)	0	0.0%	(6,029)	24
25	1	1	0	0.0%	1	Projects	16	16	0	0.0%	0	25
26	3,016	3,027	11	0.3%	2,875	TOTAL OPERATING EXPENSES	36,548	36,321	(227)	-0.6%	34,119	26
27	(2,418)	(2,503)	85	3.4%	(1,855)	OPERATING INCOME/(LOSS)	(29,787)	(30,040)	253	0.8%	(28,601)	27
						NON-OPERATING REVENUE:						
28	2,502	2,502	0	0.0%	2,169	General Fund	30,029	30,029	0	0.0%	26,938	28
29	3	1	2	241.4%	3	Miscellaneous	20	12	8	69.3%	35	29
30	2,506	2,503	2	0.1%	2,172	NON-OPERATING REVENUE	30,048	30,040	8	0.0%	26,973	30
31	87	0	87		316	NET INCOME/(LOSS)	261	0	261		(1,628)	31

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Attachment D

PRIMARY CARE CLINICS

SUMMARY STATISTICAL INFORMATION

NOVEMBER 2000

Line No.	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Payor Mix (Gross Revenue)						
1	31.74%	35.06%	-3.31%		31.23%	Medi-Cal	32.58%	35.06%	-2.48%		32.11%	1
2	13.42%	12.28%	1.14%		13.99%	Medicare	14.01%	12.28%	1.73%		13.01%	2
3	54.83%	52.67%	2.17%		54.78%	Other	53.41%	52.67%	0.75%		54.88%	3
4	100.00%	100.00%	0.00%		100.00%	Total	100.00%	100.00%	0.00%		100.00%	4
						Outpatient Activities						
5 *	0	0	0	#DIV/0!	0	Balboa Teen Clinic	66	0	66	#DIV/0!	0	5
6 *	1,985	1,985	0	0.0%	1,985	Castro-Mission Health Center	11,608	10,199	1,409	13.8%	10,199	6
7 *	1,531	1,531	0	0.0%	1,531	Chinatown Public Health Center	8,582	8,013	569	7.1%	8,013	7
8 *	46	46	0	0.0%	46	Cole Street Health Center	276	359	(83)	-23.1%	359	8
9 *	120	120	0	0.0%	120	Larkin Street Health Center	737	706	31	4.4%	706	9
10 *	893	893	0	0.0%	893	Maxine Hall Health Center	5,916	4,952	964	19.5%	4,952	10
11 *	1,935	1,935	0	0.0%	1,935	North of Market Senior Health Center	8,640	10,208	(1,568)	-15.4%	10,208	11
12 *	1,210	1,210	0	0.0%	1,210	Ocean Park Health Center	7,344	6,488	856	13.2%	6,488	12
13 *	936	936	0	0.0%	936	Potrero Hill Health Center	4,869	4,641	228	4.9%	4,641	13
14 *	1,257	1,257	0	0.0%	1,257	Silver Avenue Family Health Center	7,073	6,542	531	8.1%	6,542	14
15 *	1,469	1,469	0	0.0%	1,469	Southeast Health Center	7,219	7,736	(517)	-6.7%	7,736	15
16 *	5,491	5,491	0	0.0%	5,491	Tom Waddell Health Center	27,838	27,585	253	0.9%	27,585	16
17 *	5	5	0	0.0%	5	Youth Guidance Center	2,121	114	2,007	1760.5%	114	17
18 *	16,878	16,878	0	0.0%	16,878	Total Visits	92,289	87,543	4,746	5.4%	87,543	18
						KEY OPERATIONAL INDICATORS						
						Labor						
19	309	381	73	19.0%	361	FTEs - Productive	344	381	37	9.7%	361	19
20	105	62	(43)	-69.2%	54	FTEs - Non-Productive	68	62	(6)	-9.2%	54	20
21	414	443	30	6.7%	414	FTEs - Total	412	443	31	7.1%	414	21
23	$65,277	$61,765	($3,512)	-5.7%	$62,394	Labor Cost per FTE	$65,543	$61,765	($3,778)	-6.1%	$62,394	23
24	23.1%	22.4%	-0.70%	-3.1%	21.9%	Fringe Benefits as % of Salary	23.1%	22.4%	-0.70%	-3.1%	21.9%	24
25	35	32	(4)	-11.5%	27	Vacancy positions (excl. grants)	35	32	(4)	-11.5%	27	25
						Revenues						
26	$184	$179	$5	2.5%	$189	Oper. Revenue per Visit	$168	$173	($5)	-2.9%	$157	26
						Expenses						
27	$179	$179	$1	0.3%	$170	Operating Exp. per Visit	$163	$173	$10	5.7%	$164	27
28	23%	27%	3%	12.5%	14%	Supply Exp. as % of Oper. Rev.	23%	27%	3%	12.0%	24%	28

** Current month's actual visits assumed to be at budget if data is not available.*

HOME HEALTH SERVICES
STATEMENT OF REVENUE AND EXPENSES
NOVEMBER 2000
(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL					
			Fav/(Unfav)						Fav/(Unfav)			
Line No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year	
						NET PATIENT SERVICE REVENUE:						
1	33	33	(0)	0.0%	14	Medi-Cal Revenue	391	391	0	0.0%	399	1
2	64	64	(0)	0.0%	(64)	Medicare Revenue	762	763	(0)	0.0%	755	2
3	0	0	0	#DIV/0!	0	Other Revenue	0	0	0	#DIV/0!	0	3
4	96	96	(0)	0.0%	(50)	NET PATIENT SERVICE REVENUE	1,154	1,154	(0)	0.0%	1,153	4
						OTHER OPERATING REVENUE:						
5	2	3	(0)	-10.0%	1	Other Net Patient Revenue	27	30	(3)	-10.0%	27	5
6	2	3	(0)	-10.0%	1	OTHER OPERATING REVENUE	27	30	(3)	-10.0%	27	6
7	98	99	(0)	-0.3%	(48)	TOTAL OPERATING REVENUE (CASH BASIS)	1,181	1,184	(3)	-0.3%	1,180	7
						OPERATING EXPENSES:						
8	251	275	24	8.8%	233	Personnel Services	2,967	3,301	333	10.1%	2,794	8
9	58	58	(0)	-0.2%	49	Mandatory Fringe Benefits	685	694	8	1.2%	645	9
10	34	34	0	0.0%	25	Contractual Services	408	408	0	0.0%	147	10
11	16	16	0	0.0%	16	Materials and Supplies (Excl. Pharmaceuticals)	189	189	0	0.0%	126	11
12	1	1	0	0.0%	0	Pharmaceuticals	7	7	0	0.0%	6	12
13	0	0	0	#DIV/0!	0	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0	13
14	3	3	0	0.0%	3	Services of Other Departments	35	35	0	0.0%	40	14
15	(49)	(49)	0	0.0%	0	Expenditure Recovery	(590)	(590)	0	0.0%	(543)	15
16	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0	16
17	313	337	24	7.1%	326	TOTAL OPERATING EXPENSES	3,701	4,042	342	8.5%	3,215	17
18	(214)	(238)	24	10.0%	(374)	OPERATING INCOME/(LOSS)	(2,520)	(2,859)	339	11.8%	(2,035)	18
						NON-OPERATING REVENUE:						
19	238	238	0	0.0%	233	General Fund	2,859	2,859	0	0.0%	2,575	19
20	0	0	0	#DIV/0!	0	Miscellaneous	0	0	0	#DIV/0!	0	20
21	238	238	0	0.0%	233	NON-OPERATING REVENUE	2,859	2,859	0	0.0%	2,575	21
22	24	0	24		(140)	NET INCOME/(LOSS)	339	0	339		540	22

HOME HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
NOVEMBER 2000

Line No.	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Payor Mix (Gross Revenue)						
1	34%	34%	0%		-29%	Medi-Cal	34%	34%	0%		48%	1
2	66%	66%	0%		129%	Medicare	66%	66%	0%		52%	2
3	100%	100%	0%		100%	Total	100%	100%	0%		100%	3
						Payor Mix (Visits)						
4	35%	34%	-1%		34%	Medi-Cal	36%	36%	1%		36%	4
5	36%	34%	-2%		34%	Medicare	30%	31%	1%		33%	5
6	29%	32%	3%		32%	Other	34%	32%	-2%		31%	6
7	100%	100%	0%		100%	Total	100%	100%	0%		100%	7
						Visits by Payor						
8	545	600	(55)	-9.2%	524	Medi-Cal	2,671	3,000	(329)	-11.0%	2,796	8
9	557	517	40	7.8%	523	Medicare	2,246	2,583	(337)	-13.1%	2,561	9
10	453	533	(80)	-15.1%	500	Other	2,570	2,667	(97)	-3.6%	2,413	10
11	1,555	1,650	(95)	-5.8%	1,547	Total Visits	7,487	8,250	(763)	-9.2%	7,770	11
						Visits by Discipline						
12	946	829	117	14.1%	744	Skilled Nursing	4,349	4,146	203	4.9%	3,809	12
13	97	129	(32)	-24.9%	115	Occupational Therapy	457	646	(189)	-29.2%	643	13
14	201	221	(20)	-9.0%	199	Physical Therapy	930	1,104	(174)	-15.8%	1,059	14
15	73	100	(27)	-27.0%	106	Medical Social Worker	400	500	(100)	-20.0%	472	15
16	234	367	(133)	-36.2%	379	Home Health Aide	1,344	1,833	(489)	-26.7%	1,746	16
17	4	4	(0)	-4.0%	4	Speech Therapist	7	21	(14)	-66.4%	41	17
18	1,555	1,650	(95)	-5.8%	1,547	Total Visits	7,487	8,250	(763)	-9.2%	7,770	18
						KEY OPERATIONAL INDICATORS						
						Labor						
19	42	52	10	19.5%	41	FTEs - Productive	42	52	10	19.5%	47	19
20	10	9	(1)	-11.9%	10	FTEs - Non-Productive	7	9	1	14.2%	4	20
21	52	61	9	15.1%	52	FTEs - Total	50	61	11	18.7%	51	21
22	5.7	6.3	0.6	9.9%	5.7	Hours per Visit	5.7	6.5	0.8	11.7%	5.6	22
23	$56,492	$53,580	($2,912)	-5.4%	$51,751	Labor Cost per FTE	$56,651	$53,580	($3,071)	-5.7%	$51,909	23
24	23.1%	21.0%	-2.1%	-9.9%	20.9%	Fringe Benefits as % of Salary	23.1%	21.0%	-2.1%	-9.9%	20.9%	24
25	6.6	5.1	1.5	29.9%	6.0	Vacancy positions	6.6	5.1	1.5	29.9%	6.0	25
						Revenues						
26	$62	$58	$4	6.1%	($32)	Oper. Revenue (cash basis) per Visit	$64	$58	$6	10.2%	$39	26
						Expenses						
27	$201	$204	$3	1.5%	$211	Operating Exp. per Visit	$197	$204	$7	3.4%	$210	27
28	17%	17%	0%	0.0%	-32%	Supply Exp. as % of Oper. Rev.	17%	17%	0%	1.0%	27%	28

JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES

NOVEMBER 2000

(In Thousands of Dollars)

	MONTH-TO-DATE						ANNUAL					
Line			Fav/(Unfav)						Fav/(Unfav)			
No.	Actual	Budget	Variance	% Var	Prior Year		Projection	Budget	Variance	% Var	Prior Year	
						OPERATING EXPENSES:						
1	1,234	1,138	(97)	-8.5%	1,195	Personnel Services	14,874	13,654	(1,221)	-8.9%	14,173	1
2	257	200	(57)	-28.5%	234	Mandatory Fringe Benefits	3,094	2,397	(696)	-29.0%	2,952	2
3	381	349	(32)	-9.1%	345	Contractual Services	4,189	4,189	(0)	0.0%	4,082	3
4	102	76	(27)	-35.2%	54	Materials and Supplies (Excl. Pharmaceuticals)	909	909	0	0.0%	685	4
5	70	43	(27)	-61.3%	63	Pharmaceuticals	840	521	(319)	-61.3%	844	5
6	0	0	0	#DIV/0!	10	Facilities Maint. & Capital Outlay	0	0	0	#DIV/0!	0	6
7	51	49	(2)	-5.0%	19	Services of Other Departments	585	585	0	0.0%	488	7
8	(62)	(62)	0	0.0%	(57)	Expenditure Recovery	(746)	(746)	0	0.0%	(783)	8
9	0	0	0	#DIV/0!	0	Other	0	0	0	#DIV/0!	0	9
10	2,034	1,792	(241)	-13.5%	1,864	TOTAL OPERATING EXPENSES	23,745	21,509	(2,236)	-10.4%	22,441	10
11	(2,034)	(1,792)	(241)	-13.5%	(1,864)	OPERATING INCOME/(LOSS)	(23,745)	(21,509)	(2,236)	-10.4%	(22,441)	11
						NON-OPERATING REVENUE:						
12	1,851	1,790	61	3.4%	1,750	General Fund	21,484	21,484	0	0.0%	21,228	12
13	2	2	0	3.0%	2	Miscellaneous	25	25	0	1.8%	26	13
14	1,853	1,793	61	3.4%	1,752	NON-OPERATING REVENUE	21,510	21,509	0	0.0%	21,254	14
15	(180)	0	(180)		(112)	NET INCOME/(LOSS)	(2,236)	0	(2,236)		(1,187)	15

JAIL HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
NOVEMBER 2000

Line	CURRENT MONTH						YEAR-TO-DATE					
No.	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Activity						
1	2,987	3,547	(560)	-15.8%	3,547	Patients Triaged	16,955	19,045	(2,090)	-11.0%	19,045	1
2	2,090	2,472	(382)	-15.5%	2,472	Patients Screened	11,603	12,960	(1,357)	-10.5%	12,960	2
3	207	708	(501)	-70.8%	708	Health Inventory Screenings	2,531	3,490	(959)	-27.5%	3,490	3
4	8,444	8,156	288	3.5%	17,106	Sick Call Visits*	41,572	40,778	794	1.9%	92,092	4
5	1,329	1,393	(64)	-4.6%	3,794	Clinician Sick Calls*	6,934	6,965	(31)	-0.4%	19,176	5
6	7,115	6,763	352	5.2%	13,312	RN Sick Calls*	34,638	33,813	825	2.4%	72,916	6
7	88	512	(424)	-82.8%	512	X-Rays Performed	1,016	2,463	(1,447)	-58.7%	2,463	7
8	594	544	50	9.2%	544	Dental Visits	3,526	2,892	634	21.9%	2,892	8
9	464	736	(272)	-37.0%	736	Mental Health Evaluations	2,514	3,647	(1,133)	-31.1%	3,647	9
						KEY OPERATIONAL INDICATORS						
						Labor						
10	164	175	11	6.3%	185	FTEs - Productive	180	175	(4)	-2.6%	186	10
11	53	29	(24)	-85.6%	28	FTEs - Non-Productive	34	29	(6)	-20.7%	25	11
12	217	204	(13)	-6.6%	213	FTEs - Total	214	204	(10)	-5.1%	212	12
14	$70,001	$68,384	($1,617)	-2.4%	$66,760	Labor Cost per FTE	$69,420	$66,660	($2,761)	-4.1%	$65,634	14
15	20.8%	17.6%	-3.2%	-18.5%	19.6%	Fringe Benefits as % of Salary	20.8%	17.6%	-3.2%	-18.5%	19.6%	15
16	15.3	21.7	(6.4)	-29.6%	14.0	Vacancy positions	15.3	21.7	(6.4)	-29.6%	14.0	16
						Expenses						
17	8.5%	6.6%	-1.8%	-27.6%	6.3%	Supply Exp. as % of Total Expenses	7.4%	6.6%	-0.8%	-11.8%	6.4%	17

* Previously, total encounters were reported. Effective 8/00, reporting methodology is adjusted accordingly to report actual visits.

LAGUNA HONDA HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
THE FIVE MONTHS ENDING NOVEMBER 30, 2000
(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL			
			Fav/(Unfav)					Fav/(Unfav)	
	Actual	Budget	Variance	% Var	Prior Year	Projection	Budget	Variance	% Var
GROSS PATIENT REVENUE:									
Inpatient Medi-Cal Revenue *	58,695	49,657	9,038	18.2%	50,330	144,533	123,534	20,999	17.0%
Outpatient Medi-Cal Revenue	305	315	(10)	-3.2%	353	737	754	(17)	-2.3%
Inpatient Medicare Revenue	2,563	2,646	(83)	-3.1%	2,322	6,746	6,314	432	6.8%
Outpatient Medicare Revenue	0	84	(84)	-100.0%	0	200	200	0	0.0%
Inpatient Other Revenue	2,945	3,143	(198)	-6.3%	3,018	8,199	7,495	704	9.4%
Outpatient Other Revenue	30	25	5	20.0%	29	72	63	9	14.3%
TOTAL PATIENT SERVICE REVENUE	64,538	55,870	8,668	15.5%	56,052	160,487	138,360	22,127	16.0%
REVENUE DEDUCTIONS:									
Provision for Medi-Cal Adjustments	22,894	14,515	(8,379)	-57.7%	16,340	55,427	34,628	20,799	60.1%
Provision for Medicare Adjustments	1,189	1,273	84	6.6%	1,131	3,190	3,037	153	5.0%
Provision for Other Adjustments	305	453	148	32.7%	469	1,093	1,080	13	1.2%
TOTAL REVENUE DEDUCTIONS	24,388	16,241	(8,147)	-50.2%	17,940	59,710	38,745	20,965	54.1%
NET PATIENT SERVICE REVENUE	40,150	39,629	521	1.3%	38,112	100,777	99,615	1,162	1.2%
OTHER OPERATING REVENUE	85	135	(50)	-37.0%	92	222	325	(103)	0.0%
TOTAL OPERATING REVENUE	40,235	39,764	471	1.2%	38,204	100,999	99,940	1,059	1.1%
OPERATING EXPENSES:									
Personnel Services *	35,739	35,464	(275)	-0.8%	34,776	88,353	87,353	(1,000)	-1.1%
Mandatory Fringe Benefits	8,969	9,122	153	1.7%	9,880	22,525	22,525	0	0.0%
Contractual Services	917	1,144	227	19.8%	1,176	2,737	2,737	0	0.0%
Materials and Supplies	3,895	3,721	(174)	-4.7%	3,877	8,839	8,839	0	0.0%
Equipment	168	105	(63)	-60.0%	126	249	249	0	0.0%
Services of Other Departments	2,335	2,335	0	0.0%	2,151	5,691	5,491	(200)	-3.6%
Facilites Maintenance & Capital Outlay	505	505	0	0.0%	872	1,215	1,215	0	0.0%
TOTAL OPERATING EXPENSES	52,528	52,396	(132)	-0.3%	52,858	129,609	128,409	(1,200)	-0.9%
OPERATING INCOME/(LOSS)	(12,293)	(12,632)	339	2.7%	(14,654)	(28,610)	(28,469)	(141)	-0.5%
NON-OPERATING REVENUE:									
General Fund *	12,037	12,036	1	0.0%	13,492	28,469	28,469	0	0.0%
NON-OPERATING REVENUE	12,037	12,036	1	0.0%	13,492	28,469	28,469	0	(0)
NET INCOME/(LOSS)	(256)	(596)	340	57.0%	(1,162)	(141)	0	(141)	

* August 1 Medi-Cal Wage Pass Through Medi-Cal Increases are not reflected in Personnel Expense or General Fund Subsidy.
The general fund subsidy reserve will off-set the required expenditure. The revenue is included.

LAGUNA HONDA HOSPITAL
SUMMARY STATISTICAL INFORMATION
NOVEMBER, 2000

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Hospital Activity					
91	98	(7)	-7.3%	96	Discharges	474	490	(16)	-3.4%	445
					Average Daily Cencus					
2	10	(8)	-80.0%	7	Acute	4	10	(6)	-62.9%	7
1,050	1,055	(5)	-0.5%	1,065	Skilled Nursing	1,047	1,055	(8)	-0.8%	1,067
1,052	1,065	(13)	-1.2%	1,072	Total ADC	1,051	1,065	(14)	-1.3%	1,074
346.8	327.1	20	6.0%	335.1	Average Length of Stay	339.4	327.2	12	315	369.3
data unavailable					RUGS Case Mix Index	data unavailable				
					Payor Mix (Gross Revenue)					
92.42%	89.40%	3.02%		90.50%	Medi-Cal	90.52%	89.40%	1.12%		90.84%
3.38%	4.90%	-1.52%		4.42%	Medicare	4.33%	4.90%	-0.57%		3.83%
4.20%	5.70%	-1.50%		5.08%	Other	5.15%	5.70%	-0.55%		5.33%
100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%
					Patient Days (Census Days)					
30,859	31,148	(289)	-0.9%	31,273	Medi-Cal Patient Days	156,812	158,868	(2,056)	-1.3%	160,309
416	383	33	8.6%	455	Medicare Patient Days	2,196	1,955	241	12.3%	1,900
286	415	(129)	-31.1%	439	Other Patient Days	1,867	2,118	(251)	-11.9%	2,122
31,561	31,946	(385)	-1.2%	32,167	Total Patient Days	160,875	162,941	(2,066)	-1.3%	164,331
91.7%	92.9%	(0.011)	-1.2%	93.5%	% Occupancy (available beds)	91.6%	92.9%	(0.012)	-1.3%	93.6%
					KEY OPERATIONAL INDICATORS					
					Labor					
1,497	1,529	(32)	-2.1%	1,591	Total FTEs	1,518	1,529	(11)	-0.7%	1,529
1.4	1.4	(0)	-0.9%	1.5	FTEs Per Patient Day	1.4	1.4	0	0.6%	1.4
25.17%	25.01%	-0.16%	-0.7%	29.26%	Fringe Benefits as % of Salary	25.45%	25.01%	-0.44%	-1.8%	28.41%
129	93	36	39.4%	101 (1/00)	Vacancy positions (December 1)	129	93	36	39.4%	101 (1/00)
					Revenues					
251	252	1	0.4%	238	Oper. Revenue per Patient Day	250	244	6	2.3%	232
87,083	82,488	4,595	5.6%	79,698	Oper. Revenue per Discharge	84,705	82,488	2,216	2.7%	85,645
					Expenses					
336	373	37	9.8%	342	Operating Exp. Per Patient Day	327	361	34	9.6%	322
10%	9%	-0.5%	-5.8%	12%	Supply Exp. as % of net Pt. Rev.	10%	9%	-0.5%	-5.9%	10%
98	45	(53)	-117.8%	42	**Days Revenue in Accounts Receivable (10/31 dat**	98	45	(53)	-117.8%	42

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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San Francisco, CA 94102

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John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http//www.dph.sf.ca.us***

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3/01

AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

DOCUMENTS DEPT.
JAN 2 2 2001
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 23, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sanchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF DECEMBER 19, 2001**
**Minutes for December 19, 2001.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

4) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Ken Jensen, Chief financial Officer, CHN)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE HEALTH RESOURCE SERVICES ADMINISTRATION (HRSA) COMMUNITY ACCESS PROGRAM (CAP) GRANT**
(Dr. Melissa Welch, Chief Medical Officer)
**Information*

6) **FOR DISCUSSION:** **PRESENTATION OF THE COMMUNITY HEALTH NETWORK INFORMATION SYSTEMS**
(Dr. Robert Brody, Chief Information Officer)
**Information*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***)***, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
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Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John L. Umekubo, M.D.
Commissioner

.453
/01

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Executive Secretary

Tel. **(415) 554-2666**
FAX (415) 554-2665

Web Site: ***http//www.dph.sf.ca.us***

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Thursday, March 22, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT
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SAN FRANCISCO
PUBLIC LIBRARY

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JANUARY 23, 2001**
**Minutes for January 23, 2001.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

101 Grove Street **San Francisco, CA 94102-4505**

4) **FOR DISCUSSION:** **UPDATE FROM THE LONG TERM CARE INTEGRATION PILOT PROJECT**
(Bill Haskell, Project Coordinator, and
Sandra Nathan, Ph.D., Director of Aging and Adult Services)
**Information*

5) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Monique Zmuda, Chief financial Officer, DPH)
**Report*

6) **FOR DISCUSSION:** **PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT**
(Dr. Melissa Welch, Chief Medical Officer, and
Hiro Tokubo, CHN Quality Management Director)
**Information*

7) **FOR DISCUSSION:** **PRESENTATION OF THE PRIMARY CARE AND JAIL HEALTH SERVICE ADMINISTRATION REPORT**
(Dr. Melissa Welch, Chief Medical Officer)
**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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Know Your Rights Under the Sunshine Ordinance

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

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Harrison Parker, Sr., D.D.S.
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John L. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR COMMUNITY HEALTH NETWORK

Tuesday, March 22, 2001
3:00 p.m.
Community Health Network Building
2589 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by Chairperson, Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson.

Staff: Sue Currin, Kathy Murphy, David Ofman, M.D., Annette Spears, Hiro Tokubo, Anthony Wagner, Melissa Welch, M.D., Monique Zmuda

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 22, 2001

Action Taken: The Committee unanimously adopted the minutes of March 22, 2001

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)

A. Report from the Network

Videoconferencing Interpretation Pilot

The Community Health Network (CHN) is participating in a Videoconferencing Medical Interpretation (VMI) project with Health Access and Highland Hospital Medical Center. The goal of the (VMI) project is to develop, pilot test, and evaluate the applicability, cost-effectiveness and cultural appropriateness of medical interpretation services provided via videoconferencing technology for diverse limited English proficiency patients of the Community Health Network of San Francisco.

The pilot began on March 6 in the General Medicine Clinic (GMC) at San Francisco General Hospital (SFGH), offering services through VMI in the two most frequently requested languages requiring translation services, i.e., Spanish and Cantonese. The staff of GMC and CHN Information Systems has been very cooperative and the project is working well. A dedicated quiet room was located for interpreters to deliver language services over the VMI application to assure patient confidentiality.

So far, positive feedback has been received from patients, providers and interpreters. The patients are very happy with the quick access to an interpreter and the providers have stated that the VMI application gives a clear image with quality audio that is very easy to use. The interpreters feel that they spend more time delivering their services and less time waiting for the provider, who may be busy presenting to the attending or occupied with another patient.

CHN will continue the pilot at SFGH until at least 100 patients have been tested, along with adding several high use languages over the next several weeks. CHN will then expand the pilot to Laguna Honda Hospital around the end of April. Several meetings between SFGH Interpreter Services and LHH staff have been held, and a site has been designated for a VMI pilot at LHH. CHN will continue to give the Commission updates on the progress of this pilot.

Community Health Network (CHN)/San Francisco Community Clinic Consortium (SFCCC) Memorandum of Understanding (MOU)

Dr. Melissa Welch and Mr. Wagner met with the leadership of the SFCCC in their offices last week to articulate the CHN's vision of the relationship between the two organizations.

Agreement to implement the following goals for the MOU was reached:

1. Build an interagency communication system for policy issues.
2. Strengthen the safety net system that is built on primary care.
3. Optimize opportunities to strengthen existing joint grant funding strategies, and newly identified grant-funding opportunities.
4. Strengthen current joint contractual relationships (specifically Office of Managed Care links).
5. Maintain and maximize independent funding streams, wherein each party is financially responsible only for its own entity.

It was also agreed that a joint SFCCC/CHN MOU Oversight Committee will supervise the finalization and ongoing implementation of the MOU. The membership of the Oversight Committee will initially consist of the following SFCCC and CHN representatives. Other members may be added at a later date.

SFCCC	CHN
Health Center Medical Director (To be Named)	Dr. Melissa Welch Chief Medical Office
Jackie Egland, SFCCC Planner	Kathy Murphy, Deputy City Attorney

SFCCC's legal counsel will provide consultation to SFCCC in the completion of the MOU. Jack Egland, SFCCC Planner, will provide staff coordination to the Committee.

San Francisco Health Plan To Explore Fee-For-Service Instead of Full Capitation Reimbursement

Currently, the San Francisco Health Plan (SFHP) contracts with all of its providers on a capitated basis for all lines of business. The only area in which the plan may be at financial risk is for the pharmacy and $5000 for every hospitalization that exceeds $50,000.

In addition, the plan has delegated many administrative duties to the medical groups. For example, the medical groups do all provider credentialing and provider site review. The California Department of Health Services regulations requires that the SFHP review the audits completed by the medical groups, so some of the audits are duplicated.

A fully-delegated/fully-capitated model was the right decision given the start-up nature of the SFHP and the acceptance of delegation among providers. Now that the SFHP has matured and providers are less willing to accept delegation and capitation, SFHP staff have requested approval to explore alternative models for reimbursement for its providers.

CHN Office of Managed Care has been requested to determine what, if any, impact such a change would mean for CHN's reimbursement, as well as the impact on the office staff's workload. Joint Conference Committee will be informed as more is learned on this issue.

HRSA Community Access Program (CAP) Grant Funded

Official notification (through Representative Pelosi's office) has been received that the Department of Public Health's Cap Grant request was funded at $900,000. The CAP grant project will improve care coordination and increase the integration of services for uninsured and underinsured residents, thereby improving access. The project will address the lack of integration, structural barriers and gaps in service delivery, which impeded San Francisco's safety net provider's ability to improve, access to care. The project collaboration will allow providers and staff to coordinate, facilitate, manage and follow-up on care provided to the uninsured not only primary care settings, but as clients access a variety of services outside the primary care setting. Increased integration would be obtained by closely linking the infrastructure of safety net providers expanded lifetime clinical record San Francisco Community Clinic Consortium (SFCCC) and enhancing the ability of primary care providers to identify and refer clients to needed specialties. This project builds SFCCC and DPH's working relationship. Dr. Robert Brody will serve as the CHN lead staff for this project. The Committee will be updated from time to time regarding the progress on this project implementation.

4) UPDATE FROM THE LONG TERM CARE INTEGRATION PILOT PROJECT

(Bill Haskell, Project Coordinator, DPH Office of Policy and Planning, and Sandra Nathan, Ph.D., Executive Director of Aging and Adult Services)

Dr. Nathan and Mr. Haskell led a discussion concerning the mission and organization of the Department of Aging and Adult Services, and a resolution of the options concerning the governance of the LTC Task Force. (See Attachment A). According to the discussion participants, the Health Commission is expected to consider, at its next meeting, a resolution revising the DPH role in long term care planning and participation in California's LTC Integration Pilot Project.

5) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Monique Zmuda, Chief Financial Officer, DPH)

Ms. Zmuda discussed the monthly revenue and expenditure reports for the Community Health Network for the 8-month period from July 1, 2000, through February 28, 2001. On an annualized basis, DPH projects a deficit of $2,784,000. (See Attachment B).

6) PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT

(Dr. Melissa Welch, Chief Medical Officer, and
Hiro Tokubo, CHN Quality Management Director)

Hiro Tokubo, CHN Quality Management Director, presented the CHN Quality Management Report, which focused on CHN performance measures. The Commissioners anticipate hearing further progress reports.

7) PRESENTATION OF THE PRIMARY CARE AND JAIL HEALTH SERVICE ADMINISTRATION REPORT

(Dr. Melissa Welch, Chief Medical Officer)

Dr. Melissa Welch, CHN Chief Medical Officer, and Dr. David Ofman, Medical Director for Primary Care Services. presented the Primary Care and Jail Health Service Report. The Commissioners commended Dr. Welch, Dr. Ofman, and Mr. Tokubo for developing a larger, more inclusive, Quality Improvement Group within the CHN.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:50 p.m.

Arthur R. Greenberg
Interim Executive Secretary to
the Health Commission

Attachments (2)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

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Commissioner

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Commissioner

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24/01

HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, April 24, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MARCH 22, 2001**
**Minutes for March 22, 2001.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN)

101 Grove Street **San Francisco, CA 94102-4505**

4) **FOR DISCUSSION**: **LAGUNA HONDA REPLACEMENT PROJECT UPDATE**
(Larry Funk, Executive Administrator, LHH; Michael Lane, Replacement Project Manager; and Derek Parker, Replacement Project Architect)
**Information*

5) **FOR DISCUSSION**: **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Monique Zmuda, Chief financial Officer, DPH)
**Report*

6) **FOR DISCUSSION**: **PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT**
(Dr. Melissa Welch, Chief Medical Officer, and Hiro Tokubo, CHN Quality Management Director)
**Information*

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR COMMUNITY HEALTH NETWORK

Tuesday, April 24, 2001
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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by the Chair, Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W.
Staff:	Larry Funk; Fanny Lee; Gene O'Connell; David Ofman, M.D.; Hiro Tokubo; Anthony Wagner; Melissa Welch, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 22, 2001

Action Taken: The Committee unanimously adopted the minutes of March 22, 2001

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)

REPORT FROM THE NETWORK

Establishment of a DPH Health Presence in Hunter's Point

Anthony Wagner, Executive Administrator, CHN, gave an update to the Joint Conference of the planning for a new health presence in Hunter's Point by the Department of Public Health. The Health Commission's February 20th Commission meeting was held at the Milton Meyer's Gymnasium in Hunter's Point. There was much testimony by the community regarding the exceptionally high quantity of negative health indicators in practically every category among the citizens of the Southeast quadrant of San Francisco.

As a result of the testimony heard at that hearing, the Director of Health, Dr. Mitchell Katz, lead a discussion regarding the testimony with his cabinet the following Monday. It was observed, that to effectively address the issues raised, would require not only the efforts of the Department of Public Health, but also the combined efforts of multiple agencies of the City. In that regard, Dr. Katz, on behalf of the Mayor and Supervisor Sophie Maxwell, convened a series of four meetings with a number of agencies to consider problems and solutions for the district. Those Departments included MUNI, Public Utilities, Building Inspection, Human Services, Environment, Recreation and Parks, the Port and Planning.

Dr. Katz requested that Mr. Wagner lead this project for the Department. The group held its first meeting last Friday, with representatives from the CHN, Barbara Garcia and several staff from Population Health and Prevention, as well as representation from the central office. The group hopes that it can define a program and have it implemented by the end of the summer. Mr. Wagner will give the Joint Conference regular updates on this project.

Trauma Care Legislation

Mr. Wagner reported at the March 24, 2001 CHN Joint Conference meeting, that the CHN is a part of an effort by the 43 Trauma Centers of California to advocate for increased funding for underfunded trauma centers. Mr. Wagner serves on that coalition. Testimony on Bill AB 686, sponsored by Assembly Speaker Hertzberg, is being heard in a hearing before the Assembly Health Committee. Gene O'Connell and Dr.Peggy Knudsen, of SFGH are both testifying.

Another bill, AB 687, co-sponsored by Assemblypersons Thomson and Hertzberg, requires each local Emergency Services Agency to implement a trauma care system. This bill is scheduled to be heard today before the Assembly Health Committee at the same time as AB 686.

SB1202 (Romero) currently specifies a statewide trauma system that requires every local Emergency Service Agency to have a trauma plan. Expected amendments would provide funding for trauma centers. This bill is set to be heard on April 25th before the Senate Health and Human Services Committee.

Mr. Wagner will continue to update the CHN Joint Conference as these three bills move through the State legislative process.

City and County of San Francisco Trauma Care System Plan

The CHN and SFGH Joint Conferences are preparing to meet together on May 8th to discuss the local Trauma Care System Plan. The meeting will be held at the CHN Administration Building.

Three CHN Components are on Budget

Mr. Wagner reported that San Francisco General Hospital, Laguna Honda Hospital and the Home Care Division are currently on budget and projected to end this fiscal year on budget. He extended his congratulations to Gene O'Connell, Kathy Eng, Larry Funk and their staffs for this major accomplishment.

4) UPDATE FROM THE LONG TERM CARE INTEGRATION PILOT PROJECT

(Larry Funk, Executive Administrator, LHH)

Larry Funk, Executive Administrator for Laguna Honda Hospital (LHH), updated the JCC concerning the LHH replacement project. Mr. Funk discussed the site visits conducted by the design team and LHH administrative and clinical leaders. According to Mr. Funk, the following issues concerning the LHH replacement project have emerged: providing easy access for residents within their rooms and other parts of the new building; emphasizing privacy regarding toilet and shower facilities; recognizing the importance of social dining and fresh food service for residents; and providing adequate social activity space. He stated that the new building will incorporate a sense of community and address the continuum of care for the residents. Mr. Funk also stated that the design team was reaching out to residents, the community, and other components of DPH to receive input from a variety of sources.

Derek Parker, Replacement Project Architect, and James Kautz, Project Manager, then provided a briefing that focused on site utilization and building massing. They discussed the leading option for the build-out plan, and the ways in which that option addressed the criteria of: good resident rooms; good nursing units; good dining service; resident access to outdoors; efficient operations and sustainability; low cost; community integration; clear circulation and wayfinding; and effective use of historic building. The briefing is enclosed as Attachment A.

Commissioners' Comments:

- The Commissioners asked detailed questions and expressed interest in food service and delivery; operating costs; programs and services; clinical services; resident needs; room mix and options; and other issues

- The Commissioners anticipate that CHN leaders and representatives of the Replacement Project Team will address the above subjects, and other contemporary issues, when they brief the full Commission on June 5, 2001

5) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Monique Zmuda, Chief Financial Officer, DPH)

Appearing on behalf of Monique Zmuda, Fanny Lee presented the Finance Report. She anticipates a deficit of $2,369,000 for the CHN for the period ending March 2001. This estimate is an improvement to the last estimated deficit of $2.8 million. The Finance Report is enclosed as Attachment B.

Mr. Wagner stated that Ms. Lee was leaving the CHN to accept a position with the City's Controller. Everyone thanked Ms. Lee for her service, and wished her well.

6) PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT

(Dr. Melissa Welch, Chief Medical Officer, and
Hiro Tokubo, CHN Quality Management Director)

Hiro Tokubo, CHN Quality Management Director, presented the Quality Management Report. He first provided a status update on the CHN performance measures. He then summarized the CHN risk management program, which includes: unusual occurrence reporting and review systems at SFGH and LHH; sentinel event review program; regulatory affairs; and education and training.

Commissioners' Comments:

- The Commissioners inquired about the relationship between and among quality management, THE Departmentwide Compliance Program, and HIPPA.
- The Commissioners anticipate an overview that describes the ways in which the above programs now function, and inter-relate with each other

7) PRESENTATION OF THE PRIMARY CARE AND JAIL HEALTH SERVICE ADMINISTRATION REPORT

(Dr. Melissa Welch, Chief Medical Officer)

Melissa Welch, M.D., CHN Chief Medical Officer, and David Ofman, M.D., Chief of Primary Care Services, provided an administrative report to the JCC. In particular, they updated: jail health as a clinical service at SFGH; primary care on-call coverage for the Mental Health Rehabilitation Facility (MHRF); and a proposed affiliation with the San Francisco VA system. See Attachment C.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:10 p.m.

Arthur Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (3)

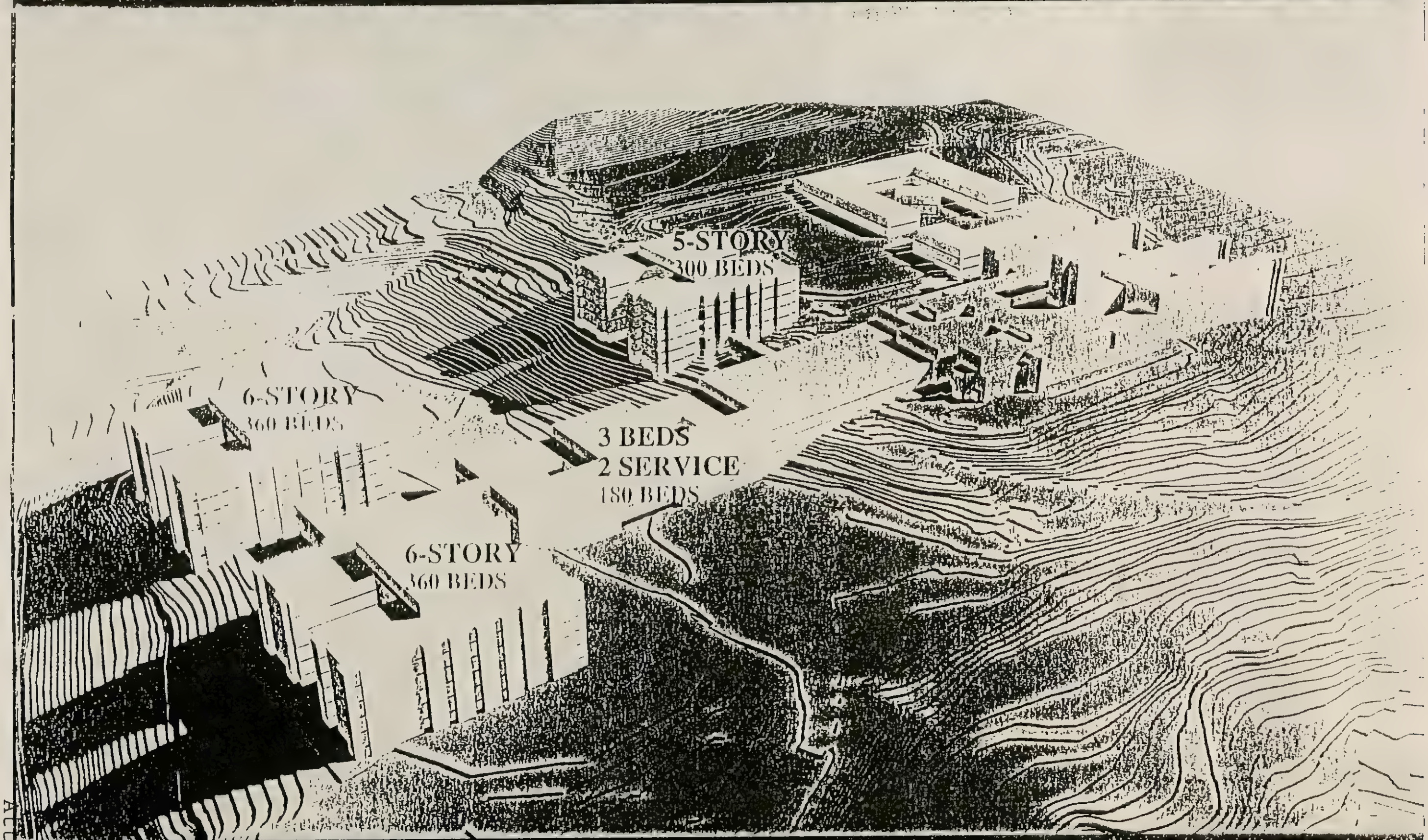
LAGUNA HONDA
HOSPITAL REPLACEMENT

Laguna Honda Hospital Replacement

SITE UTILIZATION and BUILDING MASSING

COMMUNITY HEALTH NETWORK
JOINT CONFERENCE COMMITTEE

APRIL 24, 2001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2 SERVICE
180 BEDS
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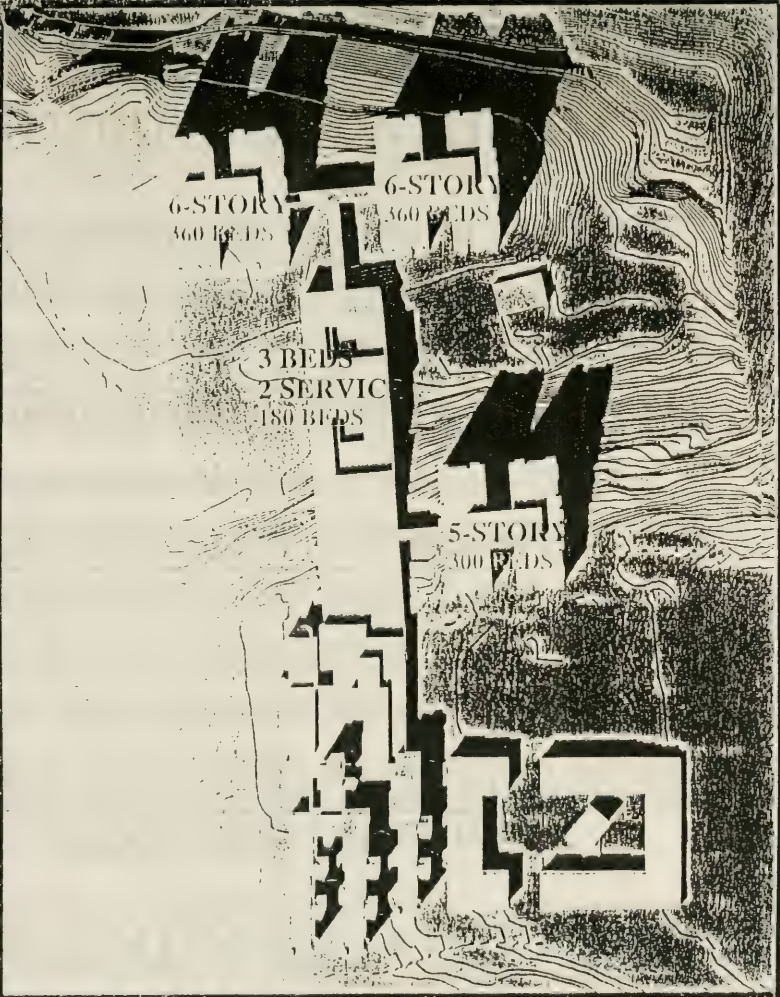
ANSHEN+ALLEN Architects
GORDON H CHONG & Partners
Laguna Honda Hospital Replacement Architects

BUILT-OUT PERSPECTIVE
X-2


6-STORY
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2 SERVIC
180 BEDS
5-STORY
300 BEDS

ANSHEN+ALLEN Architects
GORDON H CHONG & Partners
Laguna Honda Hospital Replacement Architects

BUILT-OUT PLAN
X-2

Comparison with Criteria

Good Resident Rooms

Every resident gets his or her own window

No sharing of toilets between rooms

Every room has a shower

Doubles have options for privacy

(An enriched mix of single rooms for some nursing units is under study.)

Good Nursing Units

Social units are a maximum of 14 to 16 residents.

Most living rooms face south or west

Households can be closed off for security

Circulation creates loops, not dead ends.

Comparison with Criteria

Good Dining Service

Every household has its own separate dining room

Sufficient space for every resident in a wheelchair

Facilities make several food service options possible

Residents have choices on the LHH site

Resident Access to Outdoors

Every unit has a wind-protected sunny spot

A secured part of Clarendon Valley is available for residents with mobility and greater exercise needs.

Efficient Operations & Sustainability

Compact campus plan

Service & dietary level links to all nursing units

Nursing units are planned for ease of night staffing

Comparison with Criteria

Low Cost

Repetitive nursing floors enable efficient construction

Ease of construction phasing

Design readily adjusts to available funds

Community is Integrated with LHH

Public open space is preserved and enhanced

The esplanade will be a community magnet

Clear Circulation and Wayfinding

The esplanade is a clear and strong orienting feature

The service entrance is separated from visitor access

Effective Use of Historic Buildings

A strong link is preserved to the historic entrance

New buildings complement, not compete with, the historic.

Community
Health Network
of San Francisco

*The Integrated Delivery System
of San Francisco's
Department of Public Health*

MEMORANDUM

Date: April 18, 2001

To: Members of the Joint Conference – Community Health Network

Through: Anthony G. Wagner, Executive Administrator
Community Health Network

From: Monique Zmuda, Chief Financial Officer
Department of Public Health

RE: Chief Financial Officer's Report

Attached are the Financial Reports for the Community Health Network, including San Francisco General Hospital, Laguna Honda Hospital, Primary Care, Health at Home and Jail Health Services for the month ending March 2001. I am anticipating a deficit of $2,369,000 for the Community Health Network for the period ending March 2001. This estimate is an improvement to the last estimated deficit of $2.8 million. The table below summarizes the revenue and expenditures for each division.

	REVENUES			EXPENDITURES			TOTAL
Division	**Revised Budget**	**Current Projection**	**Surplus/ (Deficit)**	**Revised Budget**	**Current Projection**	**Surplus/ (Deficit)**	**Surplus/ (Deficit)**
Community Health Network							
SFGH	$ 451,085,000	$ 455,319,000	$ 4,234,000	$ 451,085,000	$ 455,221,000	$ (4,136,000)	$ 98,000
Laguna Honda	128,584,000	130,109,000	$ 1,525,000	$ 128,584,000	130,109,000	(1,525,000)	0
Primary Care	42,724,000	41,023,000	(1,701,000)	$ 42,724,000	41,744,000	980,000	(721,000)
Health at Home	4,633,000	4,630,000	(3,000)	$ 4,633,000	4,291,000	342,000	339,000
Jail Health	22,255,000	22,256,000	1,000	$ 22,255,000	24,341,000	(2,086,000)	(2,085,000)
CHN Total	**649,281,000**	**653,337,000**	**4,056,000**	**649,281,000**	**655,706,000**	**(6,425,000)**	**(2,369,000)**

San Francisco General Hospital continues to project a balanced budget for the current year. Laguna Honda Hospital is estimated to be in balance based on 9th expenditure estimates. This is an improvement to the $400,000 deficit reported last month. Primary Care is projected to be in deficit, based on lower revenues, largely due to increased bad debt. The deficit at Jail Health Services continues due to higher than budgeted staffing requirements.

Community
Health Network
of San Francisco
Department of Public Health

Primary Care and Jail Health Services Administrative Report to CHN Joint Conference Committee

Presented by Melissa Welch, MD, MPH
CHN Chief Medical Officer
April 24, 2001

Jail Health Services

Update on Jail Health as Clinical Service at SFGH

Over the past 3 years, JHS has considered the advantages and disadvantages of becoming a formal service of the SFGH Medical Staff. In September 1998, the decision to go forth and include Jail Health as an SFGH clinical service was deferred as a result of concerns at SFGH around potential risks to the Joint Commission Survey (concerns centered on whether the JCAHO would want to do site visits to the Jails and whether the jails would meet the JCAHO standards).

The question of whether to include JHS as a service of SFGH was recently re-discussed and reviewed with the SFGH Chief of Staff and Chief of Staff Elect, the JHS Medical Director, the CHN Director of Quality Management and the Chief Medical Officer. The impetus to re-discuss this option centered on the following areas: the need to consistently ensure up to date and valid credentials for all CHN providers, including JHS, the desire to ensure a single standard of care across all CHN sites, the close collaboration between JHS and the SFGH ED, Jail psychiatric and Jail medical wards, and the historical presence and input of the JHS Medical Director at SFGH Medical Executive, Medical QI and other medical staff committee efforts. The prior precedent set by the inclusion of COPC as a SFGH clinical service also suggested logically that JHS should also be a clinical service.

After discussing the issues as outlined above, several concerns were raised by SFGH representatives, including questions of whether the requirements for a clinical service could be met by JHS, why the hospital would include the jails as a service when the jails are not on the hospital license, and how the medical staff could approve privileges for JHS medical staff for work that they do in the jails as opposed to on the SFGH campus.

After taking all issues into consideration, the JHS Medical Director and CMO have

E-mail: melissa_welch@chnsf.org

decided to request that the CHN Medical Staff office do the credentialing for JHS medical staff, but not to further pursue the inclusion of JHS as clinical service at SFGH.

CHN Primary Care Division

Primary Care On-Call Coverage for the Mental Health Rehabilitation Facility

During the summer 2000, as a result of budget adjustments at SFGH and the loss of funding for the Medical Director to the MHRF, the Division of Primary Care at the direction of the Director of Health assumed medical consultation support and on-call coverage for the MRHF. (In the prior arrangement the physician responsible for coverage of the MHRF was a physician from Family Practice who provided mostly primary care back up and oversight to the nurse practitioner's at the MRHF.)

After several months of assessing the primary care clinical support and on- all coverage for the MHRF, the Primary Care and CHN Medical Director developed a plan to meet those coverage needs. A primary care, CCSF funded physician now provides up to 10 hours of clinical back up for nurse practitioner's at the MRHF. Since March 12, 2001 night and weekend on call coverage at the MRHF has been provided by the CPC clinical service. We are happy to report that overall few problems have been reported and the call burden for CPC providers have been minimal to none. We will continue to monitor the on-call volume and clinical needs and work with the MRHF leadership to ensure that mandated primary care coverage is met.

Proposed Affiliation with the San Francisco VA System

Representatives of the San Francisco VA system approached the Director of health during the summer 2000 to discuss potential affiliation to improve access to care for veterans. The Director delegated further pursuit and evaluation of the merits of such an affiliation to Primary Care. Recently, CHN Primary Care and SF VA system representatives met to discuss a potential affiliation. The potential areas of joint interest include joint outreach to unaffiliated patients, referral of CHN veteran clients for specific VA services (e.g. specialty and behavioral health services), patient education efforts to inform veterans in the CHN of VA benefits for which they might be eligible, and consideration of a formal contract between the VA and DPH to provide care for veterans in the CHN.

Dr. David Ofman has taken the lead on this issue, requesting a formal Task Force be set up to address the operation and programmatic logistics of a collaboration and to make recommendations to the CHN/DPH on logical areas for further consideration. The Task Force would include appropriate representatives from the VA and CHN acute, specialty and primary care services. We endorse creation of a Task force; once the Task Force is initiated, we will follow its progress and provide regular updates, and present and review final recommendations at the appropriate leadership and JCC committees.

E-mail: melissa_welch@chnsf.org

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

HEALTH COMMISSION

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Interim Health Commission Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

Tuesday, May 22, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF APRIL 24, 2001**
**Minutes for April 24, 2001.*

3) **FOR DISCUSSION:** **EXECUTIVE ADMINISTRATOR'S REPORT**
(Tony Wagner, CHN Executive Administrator)
(Activities and operations of Community Health Network (CHN))

4) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Monique Zmuda, DPH Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT**
(Hiro Tokubo, CHN Quality Management Director)
**Information*

6) **FOR DISCUSSION:** **ADMINISTRATIVE REPORT ON PRIMARY CARE AND GENERAL SERVICE**
(Dr. Melissa Welch, CHN Chief Medical Officer)

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
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Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR COMMUNITY HEALTH NETWORK

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Tuesday, May 22, 2001
3:00 p.m.
Community Health Network Building
2589 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by the Chair, Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.

Staff: Robert Brody, Susan Currin, Larry Funk; Judith Klain, Kathy Murphy, David Ofman, M.D., Hiro Tokubo; Anthony Wagner; Melissa Welch, M.D., Monique Zmuda

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 24, 2001

Action Taken: The Committee unanimously adopted the minutes of April 24, 2001

3) EXECUTIVE ADMINISTRATOR'S REPORT

(Tony Wagner, CHN Executive Administrator)

Trauma Care Legislation
Mr. Wagner reported that since the March Joint Conference, the CHN is an active participant in an effort by the State's 43 trauma centers to advocate for increased funding for these centers. He is a

member of the coalition. Gene O'Connell reported last month that she and Dr. Margaret Knudsen of San Francisco General Hospital had just returned from a hearing before the Assembly Health Committee, and the committee unanimously voted to support the legislation, AB 686. One hundred million dollars was included in the legislation. The funding was cut by 50% in the State's May budget revision to fifty million dollars.

Mr. Wagner joined colleagues from Southern California, yesterday, in a meeting with the bill's author, Assembly Speaker, Robert Hertzberg. The purpose of the meeting, was to thank him for his support; encourage him to continue his support over the next few weeks when the funding would be threatened and to avail CHN to him and his staff as this bill moves through the legislative process. The meeting was most successful and he continues to be unwavering in his support.

Planning for a Hunter's Point Facility

CHN is continuing with plans for a Department of Public Health (DPH) presence in Hunters Point. In that regard, a small task force has made an assessment of the desires of the residents of the community. A total of thirty residents were interviewed last month. Half of the residents interviewed were from the Hunters Point Housing Projects and half were from the various subsidized housing complexes located on the Hunters Point Hill.

The major areas of concern were gang violence and personal safety of the residents. It is important to the residents that whatever services provided be located in what would be perceived as a safe and neutral location.

CHN now has another task force developing recommendations for services and the resources required to provide those services for the area. Mr. Wagner scheduled a meeting with the former Mayor of East Palo Alto to determine if there are lessons to be learned from what appears to be their successful transformation from a similar situation currently faced by the Hunters Point community. Mr. Wagner hopes to be well underway with an acceptable program by the end of July.

Board of Supervisor's District Budget Hearings

The Finance Committee of the Board of Supervisors is holding hearings in each supervisorial district about the City and County FY 2001-02 budget. The purpose of these hearings is to provide members of the public with information about the City and County's budget process and to seek their input on what should be included in the budget. This past Saturday, Monique Zmuda and Tony Wagner represented the Department at the hearing in District 1, and Mr. Wagner also attended the hearing that followed in District 10. Most of the testimony concerning DPH revolved around ensuring adequate funding for San Francisco General Hospital, and for the reduction, if not elimination, of salary savings for all 24/7 services.

Fund Raising for Equipment and Furniture for the New Laguna Honda Hospital (LHH) Facility

Larry Funk and I met with the Development Officer of the University of California San Francisco last week to get ideas of how we might commence raising the necessary funds to purchase the new equipment and furniture that will be needed in the new LHH facility. We are now in the process of developing a fund raising structure and program for this purpose. We will report to both this Joint Conference and the LHH Joint Conference when our plans are finalized.

Appointment of Community Health Network (CHN) Chief Financial Officer (CFO)

Mr. Wagner reported that Monique Zmuda, Chief Financial Officer for the Department of Public Health, has appointed Gregg Sass as CHN CFO. Mr. Sass comes highly qualified. His more recent position was with the Certus Corporation. He has also served as CFO and/or in high level finance positions in the following local healthcare delivery organizations: Mount Zion Hospital; Pacific Presbyterian Medical Center, St. Luke's Hospital and he also served as a partner with KPMG Peak Marwick. He will begin on June 4, 2001.

4) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Monique Zmuda, Chief Financial Officer, DPH)

Monique Zmuda presented the Financial Report. (See Attachment A).

Ms. Zmuda also led a discussion concerning the recently passed Health Care Accountability Ordinance. She previewed issues that would be raised during the Commission meetings of June 3 and June 19. Among the issues discussed were: the role of the Health Commission under the Ordinance; employees covered by the Ordinance; and issues concerning scope of coverage and employee premiums, co-payments, and deductibles.

5) PRESENTATION OF THE CHN QUALITY MANAGEMENT REPORT

(Hiro Tokubo, CHN Quality Management Director)

Hiro Tokubo discussed the quality issues affecting the CHN.

6) ADMINISTRATIVE REPORT ON PRIMARY CARE AND GENERAL SERVICE

(Dr. Melissa Welch, CHN Chief Medical Officer)

Dr. Melissa Welch prepared a Transition Plan and Recommendations. She discussed her ideas with JCC participants, and identified issues that should be addressed after her departure next month.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:45 p.m.

Michelle Olson for

Arthur R. Greenberg
Interim Health Commission Secretary

Attachment (1)

Community
Health Network
of San Francisco

*The Integrated Delivery System
of San Francisco's
Department of Public Health*

MEMORANDUM

Date: May 17, 2001

To: Members of the Joint Conference – Community Health Network

Through: Anthony G. Wagner, Executive Administrator
Community Health Network

From: Monique Zmuda, Chief Financial Officer
Department of Public Health

Re: Chief Financial Officer's Report

Attached are the monthly revenue and expenditure reports for Community Health Network, including San Francisco General Hospital, Laguna Honda Hospital, Primary Care, Health at Home and Jail Health Services for the 10-month period from July 1st through April 30, 2001. On an annualized basis our projections indicate a deficit of $4,495,000.

The table below summarizes each of the division's projected year-end financial status.

Division	Year-End Projection
San Francisco General Hospital	($2,526,000)
Primary Care Clinics	(467,000)
Health at Home	296,000
Jail Health Services	(2,056,000)
Laguna Honda Hospital	258,000
Totals	**($4,495,000)**

The attached tables show projected detail for each division to date and analyze the year-end projections. The deficit at San Francisco General Hospital is entirely due to the increased cost of energy, which will be funded through increased General Fund appropriated in a city-wide supplemental appropriation, as well as from a transfer of General Fund from the Population, Health and Prevention Division. The financial projections from the remaining divisions are a slight improvement from the estimates projected to the Commission in the nine-month report. Overall, the deficit of $4.5 million in the CHN will be offset by a surplus at Population, Health and Prevention, as well as a $1.8 million additional appropriation for energy costs, bringing the year-end balance to zero.

We will continue to review the monthly financial information at each Joint Conference Committee.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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President

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JOINT CONFERENCE COMMITTEE FOR THE COMMUNITY HEALTH NETWORK COMMITTEE MEETING

The Joint Conference Committee for the Community Health Network meeting originally scheduled for Tuesday, July 24, 2001 has been cancelled.

For information call the Health Commission Office at 554-2666

Posted June 21, 2001

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Director of Health

Michele M. Olson
Health Commission Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 31, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MAY 22, 2001**
**Minutes for May 22, 2001.*

3) **FOR DISCUSSION:** **FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES**
(Monique Zmuda, DPH Chief Financial Officer)
**Report*

4) **FOR DISCUSSION:** **PRESENTATION OF THE S.F. TRAUMA CARE PLAN**
(John Brown, M.D., Director EMS Section)
**Plan*

101 Grove Street San Francisco, CA 94102-4505

5) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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Edward A. Chow, M.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR COMMUNITY HEALTH NETWORK

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Tuesday, July 31, 2001
3:00 p.m.
Community Health Network Building
2589 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Community Health Network (CHN) was called to order by the Chair, Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Harrison, Parker, Sr., D.D.S.
Staff:	Monique Zmuda, Gregg Sass, John Brown, M.D., Chris Wachsmuth, Michael Petrie and Kate Garay

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 22, 2001

Action Taken: Because the minutes of the May 22, 2001 meeting were not distributed, they will be adopted at the next meeting.

3) FINANCE REPORT – STATEMENT OF REVENUES AND EXPENDITURES

(Gregg Sass, Chief Financial Officer, CHN)

Gregg Sass presented the Financial Report. (See Attachment A).

4) PRESENTATION OF THE SF TRAUMA CARE PLAN

(John Brown, M.D., DPH, EMS Medical Director)

Dr. Brown presented a slide presentation of the S.F. Trauma Care Plan. (See Attachment B)

Commissioners requested that important points be included in the Health Commission presentation and resolution. They are: (1) helicopter pad site needed on Campus, (2) pediatric trauma needs, (3) marketing the North coast as part of our Level 1 Trauma Center, (4) including/changing the official name of the Committee and (5) an Organizational Chart.

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:25 p.m.

Michele M Ol

Michele M. Olson*
Health Commission Secretary

Attachments (2)

*These minutes were prepared by Pam Pacarar.

Community
Health Network
of San Francisco

*The Integrated Delivery System
of San Francisco's
Department of Public Health*

MEMORANDUM

Date: July 26, 2001

To: Members of the Joint Conference – Community Health Network

From: Gregg Sass, Chief Financial Officer
Community Health Network

RE: Chief Financial Officer's Report

Attached are the Financial Reports for the Community Health Network, including San Francisco General Hospital, Laguna Honda Hospital, Primary Care, Health at Home and Jail Health Services for the year ending June 2001. The financial results are preliminary, and subject to audit. We are anticipating a surplus of $5,746,000 for the Community Health Network for the fiscal year. Year-end estimates reflect an improvement compared to the last estimated deficit of $2.4 million and are the result of unanticipated additional revenues received at San Francisco General Hospital from the SB855 program ($6.8M), and Laguna Honda Hospital one-time additional State funding ($9M). The table below summarizes revenue and expenditures for each division.

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 451,203,000	$ 427,671,000	$ (23,532,000)	$ 451,203,000	$ 424,544,000	$ 26,659,000	3,127,000
Laguna Honda	131,536,000	137,555,000	$ 6,019,000	$ 131,536,000	133,195,000	(1,659,000)	4,360,000
Primary Care	36,280,000	36,650,000	370,000	$ 36,280,000	37,165,000	(885,000)	(515,000)
Health at Home	4,043,000	3,829,000	(214,000)	$ 4,043,000	3,500,000	543,000	329,000
Jail Health	21,509,000	21,511,000	2,000	$ 21,509,000	23,066,000	(1,557,000)	(1,555,000)
CHN Total	**644,571,000**	**627,216,000**	**(17,355,000)**	**644,571,000**	**621,470,000**	**23,101,000**	**5,746,000**

Primary Care is projected to be in deficit, largely due to a shortfall in Expenditure Recovery. The deficit at Jail Health Services is due to higher than budgeted staffing requirements. Health at Home is reporting a small surplus as a result of favorable variances in expenses.

Attachment A

SAN FRANCISCO GENERAL HOSPITAL

STATEMENT OF REVENUE AND EXPENSES - FYE 6/30/01

Month Ending: JUN 30, 2001

(In Thousands of Dollars)

MONTHLY						ANNUAL				
		Fav/(Unfav)						Fav/(Unfav)		
Projection	Budget	Variance	% Var.	PY Actual		Projection	Budget	Variance	% Var.	PY Actual
					GROSS PATIENT REVENUE:					
12,559	12,805	(246)	-1.9%	12,255	Inpatient Medi-Cal Revenue	153,288	162,187	(8,899)	-5.5%	150,619
4,338	4,001	337	8.4%	4,212	Outpatient Medi-Cal Revenue	50,578	50,683	(105)	-0.2%	47,210
5,515	4,416	1,099	24.9%	4,316	Inpatient Medicare Revenue	63,264	55,938	7,326	13.1%	54,766
2,198	1,763	435	24.7%	1,852	Outpatient Medicare Revenue	23,428	22,334	1,094	4.9%	21,725
10,748	6,422	4,326	67.4%	6,708	Inpatient Other Revenue	117,606	81,338	36,268	44.6%	83,296
6,048	4,584	1,464	31.9%	4,991	Outpatient Other Revenue	63,963	58,057	5,906	10.2%	59,349
41,406	33,991	7,415	21.8%	34,334	**TOTAL PATIENT SERVICE REVENUE**	472,127	430,537	41,590	9.7%	416,965
					REVENUE DEDUCTIONS:					
7,198	5,526	(1,672)	-30.3%	5,892	Charity Care	80,137	70,000	(10,137)	-14.5%	58,268
19,670	11,841	(7,829)	-66.1%	12,229	Provision for Medi-Cal Adjustments	162,599	149,972	(12,627)	-8.4%	149,060
4,272	2,211	(2,061)	-93.2%	434	Provision for Medicare Adjustments	43,499	28,000	(15,499)	-55.4%	27,475
79	3,826	3,747	97.9%	4,986	Provision for Other Adjustments	54,723	48,463	(6,260)	-12.9%	53,287
1,605	1,917	312	16.3%	2,967	Provision for Bad Debt	19,022	23,000	3,978	17.3%	23,598
32,824	25,321	(7,503)	-29.6%	26,508	**TOTAL REVENUE DEDUCTIONS**	359,980	319,435	(40,545)	-12.7%	311,688
8,582	8,670	(88)	-1.0%	7,826	**NET PATIENT SERVICE REVENUE**	112,147	111,102	1,045	0.9%	105,277
					OTHER OPERATING REVENUE:					
1,783	663	1,120	168.9%	1,256	Capitation/Managed Care Settlement	9,537	7,959	1,578	19.8%	6,248
80	388	(308)	-79.4%	1,967	Short Doyle	4,346	4,654	(308)	-6.6%	5,359
704	704	0	n/a	704	MHRF Funding	8,453	8,453	0	n/a	8,453
(12,780)	10,626	(23,406)	-220.3%	(25,518)	SB855	104,112	127,518	(23,406)	-18.4%	91,373
1,833	1,808	25	1.4%	1,808	SB1255	22,000	21,700	300	1.4%	21,700
108	108	0	n/a	108	GME	1,300	1,300	0	n/a	1,300
(170)	830	(1,000)	-120.5%	9,654	Revenue form Other City Departments	8,960	9,960	(1,000)	-10.0%	9,654
(645)	0	(645)	n/a	(178)	Prior Year Settlement	(679)	0	(679)	n/a	(667)
333	292	41	14.0%	(749)	MAA & Other Net Patient Revenue	4,000	4,555	(555)	-12.2%	4,363
(8,754)	15,419	(24,173)	-156.8%	(10,948)	**TOTAL OTHER OPERATING REVENUE**	162,029	186,099	(24,070)	-12.9%	147,783
(172)	24,089	(24,261)	-100.7%	(3,122)	**TOTAL OPERATING REVENUE**	274,176	297,201	(23,025)	-7.7%	253,060
					OPERATING EXPENSES:					
13,659	12,799	(860)	-6.7%	12,340	Personnel Services	154,171	151,374	(2,797)	-1.8%	148,920
3,357	2,920	(437)	-15.0%	4,068	Mandatory Fringe Benefits	36,891	34,490	(2,401)	-7.0%	35,819
6,212	8,410	2,198	26.1%	3,199	Contractual Services	97,431	101,612	4,181	4.1%	85,717
3,369	2,148	(1,221)	-56.8%	1,216	Materials and Supplies (excl. Pharm.)	26,996	26,275	(721)	-2.7%	22,433
17	1,000	983	98.3%	1,307	Pharmaceuticals	12,726	12,000	(726)	-6.1%	14,956
511	382	(129)	-33.8%	(942)	Facilities Maint. & Capital Outlay	6,133	6,133	0	n/a	1,385
1,325	1,245	(80)	-6.4%	(350)	Services of Other Departments	15,993	14,987	(1,006)	-6.7%	13,251
(6)	(106)	(100)	-94.3%	9,473	Expenditure Recovery	(1,172)	(1,272)	(100)	-7.9%	(927)
(22,043)	8,185	30,228	369.3%	(26,271)	Operating Transfer Out	67,996	98,225	30,229	30.8%	63,914
187	187	0	n/a	133	Intrafund Transfer	2,248	2,248	0	n/a	1,590
0	0	0	n/a	0	SB1255 and GME IGT	0	0	0	n/a	0
428	428	0	n/a	(1,171)	Projects	5,131	5,131	0	n/a	1,890
7,016	37,598	30,582	81.3%	3,002	**TOTAL OPERATING EXPENSES**	424,544	451,203	26,659	5.9%	388,948
(7,188)	(13,509)	6,321	46.8%	(6,124)	**OPERATING INCOME/(LOSS)**	(150,368)	(154,002)	3,634	2.4%	(135,888)
					NON-OPERATING REVENUE:					
6,053	5,925	128	2.2%	24,193	General Fund	72,637	72,637	0	n/a	65,350
5,093	5,093	0	n/a	5,738	Realignment	61,113	61,113	0	n/a	58,733
313	312	1	0.3%	508	Prop 99	3,751	3,751	0	n/a	6,101
227	205	22	10.7%	99	Transfer In and Project-Related	2,723	2,723	0	n/a	2,265
876	836	40	4.8%	(8,295)	Carryforward	10,074	10,074	0	n/a	0
51	87	(36)	-41.4%	66	Cafeteria	758	1,038	(280)	-27.0%	877
(359)	214	(573)	-267.8%	278	Miscellaneous	2,439	2,666	(227)	-8.5%	2,905
12,254	12,672	(418)	-3.3%	22,587	**TOTAL NON-OPERATING REVENUE**	153,495	154,002	(507)	-0.3%	136,231
5,066	(837)	5,903	705.3%	16,463	**NET INCOME/(LOSS)**	3,127	0	3,127	n/a	343

SAN FRANCISCO GENERAL HOSPITAL
SUMMARY STATISTICAL INFORMATION - FYE 6/30/01
Month Ending: JUN 30, 2001

	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	**KEY VOLUME INDICATORS**	Actual	Budget	Variance	% Var	Prior Year	
						Discharges (incl. MHRF)						
1	1,349	1,406	(57)	-4.1%	1,406	Discharges (incl. MHRF)	17,525	19,176	(1,651)	-8.6%	19,176	1
2	1,938	2,021	(83)	-4.1%	2,074	Adjusted Discharges (incl. MHRF)	24,751	27,568	(2,817)	-10.2%	27,689	2
3						**Average Daily Cencus**						3
4	182	169	13	7.7%	181	Acute Med/Surg ADC	189	178	11	6.2%	192	4
5	94	92	2	2.2%	97	Psych ADC	92	93	(1)	-1.1%	95	5
6	24	13	11	84.6%	13	Skilled Nursing ADC	23	20	3	15.0%	21	6
7	**300**	**274**	**26**	**9.5%**	**291**	***Total ADC excl. MHRF***	**304**	**291**	**13**	**4.5%**	**308**	7
8	138	140	(2)	-1.4%	140	MHRF ADC	137	140	(3)	-2.1%	132	8
9	**438**	**414**	**24**	**5.8%**	**431**	***Total Adult ADC***	**441**	**431**	**10**	**2.3%**	**440**	9
10	6	7	(1)	-12.9%	9	Nursery ADC	6	7	(1)	-14.3%	12	10
11	6.7	5.9	(0.8)	-13.6%	6.2	Average Length of Stay (excl. MHRF)	6.4	6.1	(0.3)	-4.9%	5.9	11
12												12
13	1.338	1.295	0.043	3.3%	1.295	**Medicare Case Mix Index**	1.338	1.295	0.043	3.3%	1.295	13
14												14
15						**Payor Mix (Gross Revenue)**						15
16	40.8%	49.4%	-8.6%	-17.4%	48.0%	Medi-Cal	43.2%	49.4%	-6.2%	-12.6%	47.4%	16
17	18.6%	18.2%	0.4%	2.4%	18.0%	Medicare	18.4%	18.2%	0.2%	0.9%	18.3%	17
18	40.6%	32.4%	8.2%	25.2%	34.1%	Other	38.5%	32.4%	6.1%	18.7%	34.2%	18
19	**100.0%**	**100.0%**	**0.0%**	**n/a**	**100.0%**	***Total***	**100.0%**	**100.0%**	**0.0%**	**n/a**	**100.0%**	19
20												20
21						**Patient Days**						21
22	4,711	5,091	(380)	-7.5%	4,949	Medi-Cal Patient Days (excl. MHRF)	58,302	64,891	(6,589)	-10.2%	67,188	22
23	2,140	1,793	347	19.4%	1,907	Medicare Patient Days (excl. MHRF)	25,136	22,720	2,416	10.6%	23,267	23
24	2,131	1,336	795	59.5%	1,875	Other Patient Days (excl. MHRF)	27,812	18,604	9,208	49.5%	22,328	24
25	**8,982**	**8,220**	**762**	**9.3%**	**8,731**	***Total Patient Days(excl. MHRF)***	**111,250**	**106,215**	**5,035**	**4.7%**	**112,783**	25
26												26
27	4,802	5,910	(1,108)	-18.7%	5,594	Medi-Cal Patient Days	64,107	74,863	(10,756)	-14.4%	76,585	27
28	2,140	1,817	323	17.8%	1,907	Medicare Patient Days	25,136	23,011	2,125	9.2%	23,540	28
29	6,178	4,693	1,485	31.6%	5,428	Other Patient Days	72,017	59,440	12,577	21.2%	60,809	29
30	**13,120**	**12,420**	**700**	**5.6%**	**12,929**	***Total Patient Days***	**161,260**	**157,314**	**3,946**	**2.5%**	**160,934**	30
31	18,849	17,857	992	5.6%	19,069	Adjusted Patient Days	227,796	226,170	1,626	0.7%	232,461	31
32												32
33	81.4%	77.1%	4.3%	5.6%	80.3%	**% Occupancy (available beds)**	82.1%	80.3%	1.8%	2.2%	81.9%	33
34												34
35												35
36						**KEY OPERATIONAL INDICATORS**						36
37						**Labor**						37
38	2,345	2,296	(49)	-2.2%	2,289	FTEs - Productive	2,283	2,296	13	0.6%	2,342	38
39	300	313	13	4.1%	341	FTEs - Non-Productive	322	313	(9)	-3.0%	326	39
40	**2,645**	**2,609**	**(36)**	**-1.4%**	**2,630**	***Total FTEs - SFGH Only***	**2,605**	**2,609**	**4**	**0.2%**	**2,668**	40
41	0	334	334	100.0%	351	UC Non-Academic FTEs	0	334	334	100.0%	351	41
42	**2,645**	**2,943**	**298**	**10.1%**	**2,981**	***Grand Total FTEs Incl. UC***	**2,605**	**2,943**	**338**	**11.5%**	**3,019**	42
43	4.2	4.9	0.7	14.3%	4.7	FTEs Per AOB (incl. UC)	4.7	4.9	0.2	4.9%	4.7	43
44	$ 59,314	$ 57,700	($1,614)	-2.8%	$55,593	Average Labor Cost per SFGH FTE	$ 59,353	$57,931	($1,421)	-2.5%	$ 56,137	44
45	24.6%	22.8%	-1.8%	-7.9%	33.0%	Fringe Benefits as % of Salary	23.9%	22.8%	-1.1%	-4.8%	24.1%	45
46	274	227	47	20.7%	293	Vacancy positions (as of the last PPE)	274	227	47	20.7%	293	46
47												47
48						**Revenues**						48
49	$ (9)	$ 1,349	($1,358)	-100.7%	($164)	Oper. Rev. Per Adjusted Patient Day (incl. MHRF)	$ 1,204	$1,309	($105)	-8.0%	$1,089	49
50	$ 566	$ 647	($81)	-12.5%	$1,074	Oper. Rev. (excl. SB855/1255/GME)/APD	$ -	$644	($644)	-100.0%	$597	50
51	$ (88)	$ 11,920	($12,008)	-100.7%	($1,504)	Oper. Rev. Per Adjusted Discharge	$ 11,077	$10,742	$335	3.1%	$9,139	51
52	$ 5,504	$ 5,714	($210)	-3.7%	$9,875	Oper. Rev. (excl. SB855/1255/GME)/Adj. Discharge	$ -	$5,282	($5,282)	-100.0%	$5,009	52
53												53
54						**Expenses**						54
55	$ 372	$ 2,106	$1,734	82.3%	$157	Operating Exp. Per Adjusted Pt. Day	$ 1,864	$1,982	$118	6.0%	$1,673	55
56	$ 1,542	$ 1,647	$105	6.4%	$1,535	Operating Exp.(excl. IGT)/Adj. Pt. Day	$ 1,565	$1,547	($18)	-1.2%	$1,398	56
57	$ 3,620	$ 18,604	$14,984	80.5%	$1,447	Operating Exp. Per Adj. Discharge	$ 17,153	$16,258	($895)	-5.5%	$14,047	57
58	$ 14,995	$ 14,554	($441)	-3.0%	$14,114	Operating Exp.(excl. IGT)/Adj.Discharge	$ 14,405	$12,695	($1,710)	-13.5%	$11,739	58
59	39.5%	36.3%	-3.2%	-8.8%	32.2%	Supply Expense as % of Net Pt. Revenue	35.4%	34.0%	-1.4%	-4.1%	35.5%	59
60												60
61	84	120	36	30.0%	134	**Days Revenue in Accounts Receivable**	84	120	36	30.0%	134	61

LAGUNA HONDA HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
THE TWELVE MONTHS ENDING JUNE 30,2001
(In Thousands of Dollars)

		YEAR-TO-DATE					ANNUAL				
				Fav/(Unfav)					Fav/(Unfav)		
		Actual	Budget	Variance	% Var	Prior Year	Projection	Budget	Variance	% Var	
	GROSS PATIENT REVENUE:										
1	Inpatient Medi-Cal Revenue *	150,529	123,533	26,996	21.9%	110,235	150,529	123,533	26,996	21.9%	1
2	Outpatient Medi-Cal Revenue	932	756	176	23.3%	771	932	756	176	23.3%	2
3	Inpatient Medicare Revenue	5,990	6,312	(322)	-5.1%	5,813	5,990	6,312	(322)	-5.1%	3
4	Outpatient Medicare Revenue	215	203	12	5.9%	0	215	203	12	5.9%	4
5	Inpatient Other Revenue	6,892	7,497	(605)	-8.1%	6,327	6,892	7,497	(605)	-8.1%	5
6	Outpatient Other Revenue	59	60	(1)	-1.7%	68	59	60	(1)	-1.7%	6
7											7
8	TOTAL PATIENT SERVICE REVENUE	164,617	138,361	26,256	19.0%	123,214	164,617	138,361	26,256	19.0%	8
9											9
10	REVENUE DEDUCTIONS:										10
11	Provision for Medi-Cal Adjustments	54,731	34,626	(20,105)	-58.1%	34,201	54,731	34,626	20,105	58.1%	11
12	Provision for Medicare Adjustments	2,974	3,038	64	2.1%	3,022	2,974	3,038	(64)	-2.1%	12
13	Provision for Other Adjustments	1,157	1,081	(76)	-7.0%	894	1,157	1,081	76	7.0%	13
14											14
15	TOTAL REVENUE DEDUCTIONS	58,862	38,745	(20,117)	-51.9%	38,117	58,862	38,745	20,117	51.9%	15
16											16
17	NET PATIENT SERVICE REVENUE	105,755	99,616	6,139	6.2%	85,097	105,755	99,616	6,139	6.2%	17
18											18
19	OTHER OPERATING REVENUE	205	325	(120)	-36.9%	207	205	325	(120)	0.0%	19
20											20
21	TOTAL OPERATING REVENUE	105,960	99,941	6,019	6.0%	85,304	105,960	99,941	6,019	6.0%	21
22											22
23	OPERATING EXPENSES:										23
24	Personnel Services *	90,238	90,391	153	0.2%	76,894	90,238	90,391	153	0.2%	24
25	Mandatory Fringe Benefits	22,592	22,524	(68)	-0.3%	19,584	22,592	22,524	(68)	-0.3%	25
26	Contractual Services	2,641	2,741	100	3.6%	2,680	2,641	2,741	100	3.6%	26
27	Materials and Supplies	9,736	8,879	(857)	-9.7%	8,714	9,736	8,879	(857)	-9.7%	27
28	Equipment	242	252	10	4.0%	48	242	252	10	4.0%	28
29	Services of Other Departments	6,534	5,537	(997)	-18.0%	5,115	6,534	5,537	(997)	-18.0%	29
30	Facilites Maintenance & Capital Outlay	1,212	1,212	0	0.0%	1,168	1,212	1,212	0	0.0%	30
31											31
32	TOTAL OPERATING EXPENSES	133,195	131,536	(1,659)	-1.3%	114,203	133,195	131,536	(1,659)	-1.3%	32
33											33
34	OPERATING INCOME/(LOSS)	(27,235)	(31,595)	4,360	13.8%	(28,899)	(27,235)	(31,595)	4,360	13.8%	34
35											35
36	NON-OPERATING REVENUE:										36
37	General Fund *	31,595	31,595	0	0.0%	29,782	31,595	31,595	0	0.0%	37
38											38
39	NON-OPERATING REVENUE	31,595	31,595	0	0.0%	29,782	31,595	31,595	0	(0)	39
40											40
41	NET INCOME/(LOSS)	4,360	0	4,360		883	4,360	0	4,360		41

Revised 4/30/01

* August 1 Medi-Cal Wage Pass Through Medi-Cal Increases are not reflected in Personnel Expense or General Fund Subsidy.
The general fund subsidy reserve will off-set the required expenditure. The revenue is included.

LAGUNA HONDA HOSPITAL
SUMMARY STATISTICAL INFORMATION
June, 2001

	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Hospital Activity						
1	92	98	(6)	-6.1%	107	Discharges	1,120	1,078	42	3.8%	1,112	1
2												2
3						Average Daily Cencus						3
4	3	10	(7)	-70.0%	5	Acute	4	10	(6)	-60.0%	6	4
5	1,057	1,055	2	0.2%	1,049	Skilled Nursing	1,052	1,055	(3)	-0.3%	1,060	5
6	1,060	1,065	(5)	-0.5%	1,054	Total ADC	1,056	1,065	(9)	-0.8%	1,066	6
7												7
8	345.6	338.1	7	2.2%	295.6	Average Length of Stay	344.2	327.2	17	310	356.9	8
9												9
10	data unavailable					RUGS Case Mix Index	data unavailable					10
11												11
12						Payor Mix (Gross Revenue)						12
13	92.05%	89.40%	2.65%		89.61%	Medi-Cal	92.01%	89.40%	2.61%		90.27%	13
14	4.35%	4.90%	-0.55%		5.95%	Medicare	3.77%	4.90%	-1.13%		4.59%	14
15	3.60%	5.70%	-2.10%		4.44%	Other	4.22%	5.70%	-1.48%		5.14%	15
16	100.00%	100.00%	0.00%		100.00%		100.00%	100.00%	0.00%		100.00%	16
17												17
18						Patient Days (Census Days)						18
19	31,064	32,176	(1,112)	-3.5%	30,621	Medi-Cal Patient Days	376,973	347,708	29,265	8.4%	380,440	19
20	460	403	57	14.1%	466	Medicare Patient Days	4,806	4,355	451	10.4%	5,391	20
21	270	436	(166)	-38.1%	547	Other Patient Days	3,768	4,712	(944)	-20.0%	4,286	21
22	31,794	33,015	(1,221)	-3.7%	31,634	Total Patient Days	385,547	356,775	28,772	8.1%	390,117	22
23												23
24	92.4%	92.9%	(0.004)	-0.5%	91.9%	% Occupancy (available beds)	92.1%	92.9%	(0.008)	-0.8%	92.9%	24
25												25
26												26
27						KEY OPERATIONAL INDICATORS						27
28						Labor						28
29	1,483	1,529	(46)	-3.0%	1,500	Total FTEs	1,501	1,529	(28)	-1.8%	1,523	29
30												30
31	1.4	1.4	(0)	-2.6%	1.4	FTEs Per Patient Day	1.4	1.4	(0)	-1.0%	1.4	31
32												32
33	19.58%	25.79%	6.21%	24.1%	24.39%	Fringe Benefits as % of Salary	25.04%	25.01%	-0.03%	-0.1%	25.35%	33
34	150	93	57	60.8%	160	Vacancy positions (July 1)	150	93	57	61.5%	160	34
35												35
36						Revenues						36
37	545	252	-293	-116.1%	285	Oper. Revenue per Patient Day	275	252	23	9.1%	242	37
38	188,189	82,488	105,701	128.1%	84,205	Oper. Revenue per Discharge	94,606	82,488	12,118	14.7%	84,904	38
39												39
40						Expenses						40
41	504	373	(131)	-35.1%	434	Operating Exp. Per Patient Day	345	361	16	4.3%	328	41
42	4%	9%	4.7%	52.8%	10%	Supply Exp. as % of net Pt. Rev.	9%	9%	0.0%	-0.3%	10%	42
43												43
44	55	45	(10)	-21.4%	46	Days Revenue in Accounts Receivable (6/30)	55	45	(10)	-21.4%	46	44

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2001

(In Thousands of Dollars)

MONTHLY						ANNUAL				
		Fav/(Unfav)						Fav/(Unfav)		
rojection	Budget	Variance	% Var	PY Actual		Projection	Budget	Variance	% Var	PY Actual
					GROSS PATIENT REVENUE:					
315	316	(1)	-0.3%	213	Medi-Cal Revenue	4,373	3,794	579	15.3%	3,353
177	111	66	59.5%	68	Medicare Revenue	2,040	1,329	711	53.5%	1,325
613	475	138	29.1%	385	Other Revenue	7,241	5,700	1,541	27.0%	5,594
1,105	902	203	22.5%	666	TOTAL GROSS PATIENT SERVICE REVENUE	13,654	10,823	2,831	26.2%	10,272
					REVENUE DEDUCTIONS:					
634	(50)	(684)	-1368.0%	(1,915)	Medi-Cal Revenue	1,180	(600)	(1,780)	-296.7%	(464)
73	50	(23)	-46.0%	(20)	Medicare Revenue	853	600	(253)	-42.2%	495
(92)	452	544	120.4%	1,537	Other Revenue	5,937	5,430	(507)	-9.3%	5,378
111	103	(8)	-7.8%	(15)	Provision for Bad Debt	1,206	1,238	32	2.6%	955
726	555	(171)	-30.8%	(413)	TOTAL REVENUE DEDUCTIONS	9,176	6,668	(2,508)	-37.6%	6,364
379	347	32	9.2%	1,079	NET PATIENT SERVICE REVENUE	4,478	4,155	323	7.8%	3,908
					OTHER OPERATING REVENUE:					
18	62	(44)	-71.0%	163	Capitation	700	744	(44)	-5.9%	688
-	-	-	n/a	284	Prior Year Settlement	(193)	-	(193)	n/a	(1,051)
-	-	-	n/a	0	Carryforward	-	-	-	n/a	0
448	115	333	289.6%	0	TCM and Other Net Patient Revenue	1,623	1,382	241	17.4%	1,975
466	177	289	163.3%	447	TOTAL OTHER OPERATING REVENUE	2,130	2,126	4	0.2%	1,612
845	524	321	61.3%	1,526	TOTAL OPERATING REVENUE	6,608	6,281	327	5.2%	5,520
					OPERATING EXPENSES:					
2,216	2,315	99	4.3%	2,760	Personnel Services	27,162	27,783	621	2.2%	27,453
615	519	(96)	-18.5%	974	Mandatory Fringe Benefits	6,639	6,231	(408)	-6.5%	6,450
(16)	392	408	104.1%	(562)	Contractual Services	3,748	4,706	958	20.4%	2,919
428	110	(318)	-289.1%	55	Materials and Supplies (excl. Pharmaceuticals)	1,456	1,322	(134)	-10.1%	897
(70)	46	116	252.2%	84	Pharmaceuticals	437	553	116	21.0%	543
110	110	-	n/a	(474)	Facilities Maint. & Capital Outlay	1,315	1,315	-	n/a	113
267	84	(183)	-217.9%	28	Services of Other Departments	1,002	1,002	-	n/a	1,012
14	(553)	(567)	-102.5%	(270)	Expenditure Recovery	(4,594)	(6,632)	(2,038)	-30.7%	(6,029)
(15)	-	15	n/a	(15)	Others	-	-	-	n/a	0
3,549	3,023	(526)	-17.4%	2,580	TOTAL OPERATING EXPENSES	37,165	36,280	(885)	-2.4%	33,358
(2,704)	(2,499)	(205)	-8.2%	(1,054)	OPERATING INCOME/(LOSS)	(30,557)	(29,999)	(558)	-1.9%	(27,838)
					NON-OPERATING REVENUE:					
2,484	2,499	(15)	-0.6%	2,457	General Fund	29,988	29,988	-	n/a	26,938
1	-	1	n/a	3	Miscellaneous	54	11	43	390.9%	35
2,485	2,499	(14)	-0.6%	2,460	TOTAL NON-OPERATING REVENUE	30,042	29,999	43	0.1%	26,973
(219)	-	(219)	n/a	1,406	NET INCOME/(LOSS)	(515)	-	(515)	n/a	(865)

PRIMARY CARE CLINICS
SUMMARY STATISTICAL INFORMATION
Month Ending: JUN 30, 2001

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Payor Mix (Gross Revenue)					
29%	35%	-6%	-17.14%	32%	Medi-Cal	32%	35%	-3%	-8.57%	33%
16%	12%	4%	33.33%	10%	Medicare	15%	12%	3%	25.00%	13%
55%	53%	2%	3.77%	58%	Other	53%	53%	0%	n/a	54%
100%	**100%**	**0%**	**n/a**	**100%**	**Total**	**100%**	**100%**	**0%**	**n/a**	**100%**
					Visits *					
-	-	-	n/a	-	Balboa Teen Clinic	432	-	432	n/a	
1,987	1,910	77	4.0%	1,910	Castro-Mission Health Center	29,087	27,116	1,971	7.3%	27,116
1,637	1,647	(10)	-0.6%	1,647	Chinatown Public Health Center	20,289	19,999	290	1.5%	19,999
78	53	25	47.2%	53	Cole Strert Health Center	907	811	96	11.8%	811
137	180	(43)	-23.9%	180	Larkin Street Health Center	1,784	1,966	(182)	-9.3%	1,966
1,236	944	292	30.9%	944	Maxine Hall Health Center	16,004	13,303	2,701	20.3%	13,303
1,286	1,088	198	18.2%	1,088	North of market Senior Health Center	21,451	23,220	(1,769)	-7.6%	23,220
1,408	1,156	252	21.8%	1,156	Ocean Park Health Center	18,202	16,880	1,322	7.8%	16,880
916	976	(60)	-6.1%	976	Potrero Hill Health Center	12,209	11,969	240	2.0%	11,969
1,209	1,282	(73)	-5.7%	1,282	Silver Avenue Family Health Center	18,096	18,375	(279)	-1.5%	18,375
1,499	1,622	(123)	-7.6%	1,622	Southeast Health Center	17,461	18,856	(1,395)	-7.4%	18,856
3,473	4,837	(1,364)	-28.2%	4,837	Tom Waddell Health Center	65,281	69,915	(4,634)	-6.6%	69,915
424	552	(128)	-23.2%	552	Youth Guidance Center	6,528	3,102	3,426	110.4%	3,102
15,290	**16,247**	**(957)**	**-5.9%**	**16,247**	**Total Visits**	**227,731**	**225,512**	**2,219**	**1.0%**	**225,512**
					KEY OPERATIONAL INDICATORS					
					Labor					
345	381	36	9.4%	381	FTEs - Productive	350	381	31	8.1%	370
68	62	(6)	-9.7%	51	FTEs - Non-Productive	63	62	(1)	-1.6%	53
413	**443**	**30**	**6.8%**	**432**	**FTEs - Total**	**413**	**443**	**30**	**6.8%**	**423**
$ 67,779	$ 62,801	$ (4,978)	-7.9%	$ 62,389	Labor Cost per FTE	$ 66,167	$ 62,213	$ (3,954)	-6.4%	$ 62,425
27.8%	22.4%	-5.4%	-24.2%	35.3%	Fringe Benefits as % of Salary	24.4%	22.4%	-2.0%	-9.0%	23.5%
36	32	4	12.5%	53	Vacant Positions (excl. grants)	36	32	4	12.5%	53
					Revenues					
$ 55	$ 32	$ 23	71.9%	$ 94	Operating Revenue per Visit	$ 29	$ 28	$ 1	3.6%	$ 24
					Expenses					
$ 232	$ 186	$ (46)	-24.7%	$ 159	Operating Expense per Visit	$ 163	$ 161	$ (2)	-1.2%	$ 148
42%	27%	-15%	-55.6%	9%	Supply Exp. as % of Operating Rev.	29%	27%	-2%	-7.4%	26%

* Current Month Actual is assumed at budget due to unavailability of data as of report date.

HEALTH AT HOME

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2001

(In Thousands of Dollars)

MONTHLY						ANNUAL					
		Fav/(Unfav)						Fav/(Unfav)			
Projection	Budget	Variance	% Var	PY Actual		Projection	Budget	Variance	% Var	PY Actual	
					NET PATIENT SERVICE REVENUE:						1
(98)	33	(131)	-397.0%	68	Medi-Cal Revenue	261	391	(130)	-33.2%	399	2
(22)	64	(86)	-134.4%	171	Medicare Revenue	677	763	(86)	-11.3%	755	3
0	0	0	n/a	0	Other Revenue	0	0	0	n/a	0	4
(120)	97	(217)	-223.7%	239	**TOTAL NET PATIENT SERVICE REVENUE**	938	1,154	(216)	-18.7%	1,154	5
											6
					OTHER OPERATING REVENUE:						7
1	3	(2)	-66.7%	1	Other Net Patient Revenue	32	30	2	6.7%	27	8
											9
1	3	(2)	-66.7%	1	**TOTAL OTHER OPERATING REVENUE**	32	30	2	6.7%	27	10
											11
(119)	100	(219)	-219.0%	240	**TOTAL OPERATING REVENUE (cash basis)**	970	1,184	(214)	-18.1%	1,181	12
											13
					OPERATING EXPENSES:						14
243	275	32	11.6%	232	Personnel Services	2,858	3,300	442	13.4%	2,794	15
56	58	2	3.4%	69	Mandatory Fringe Benefits	697	694	(3)	-0.4%	645	16
(216)	34	250	735.3%	(88)	Contractual Services	158	408	250	61.3%	102	17
(87)	16	103	643.8%	(6)	Materials and Supplies (Excl. Pharmaceuticals)	86	189	103	54.5%	122	18
2	1	(1)	-100.0%	0	Pharmaceuticals	8	7	(1)	-14.3%	6	19
0	0	0	n/a	0	Facilities Maint. & Capital Outlay	0	0	0	n/a	0	20
3	3	0	n/a	(17)	Services of Other Departments	35	35	0	n/a	15	21
199	(49)	(248)	-506.1%	(15)	Expenditure Recovery	(342)	(590)	(248)	-42.0%	(543)	22
0	0	0	n/a	0	Other	0	0	0	n/a	0	23
200	338	138	40.8%	175	**TOTAL OPERATING EXPENSES**	3,500	4,043	543	13.4%	3,141	24
											25
(319)	(238)	(81)	-34.0%	65	**OPERATING INCOME/(LOSS)**	(2,530)	(2,859)	329	11.5%	(1,960)	26
											27
					NON-OPERATING REVENUE:						28
238	238	0	n/a	215	General Fund	2,859	2,859	0	n/a	2,575	29
0	0	0	n/a	0	Miscellaneous	0	0	0	n/a	0	30
238	238	0	n/a	215	**TOTAL NON-OPERATING REVENUE**	2,859	2,859	0	n/a	2,575	31
											32
(81)	0	(81)	n/a	280	**NET INCOME/(LOSS)**	329	0	329	n/a	615	33

HEALTH AT HOME
SUMMARY STATISTICAL INFORMATION
Month Ending: JUN 30, 2001

	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Payor Mix (Gross Revenue)						
1	0%	0%	0%	n/a	28%	Medi-Cal	0%	0%	0%	n/a	35%	1
2	0%	0%	0%	n/a	72%	Medicare	0%	0%	0%	n/a	65%	2
3	**0%**	**0%**	**0%**	**n/a**	**100%**	**Total**	**0%**	**0%**	**0%**	**n/a**	**100%**	3
4												4
5						**Payor Mix (Visits)**						5
6	28%	36%	-8%	-22%	36%	Medi-Cal	32%	36%	-4%	-11%	36%	6
7	38%	31%	7%	23%	30%	Medicare	31%	31%	0%	n/a	31%	7
8	34%	33%	1%	3%	34%	Other	37%	33%	4%	12%	33%	8
9	**100%**	**100%**	**0%**	**n/a**	**100%**	**Total**	**100%**	**100%**	**0%**	**n/a**	**100%**	9
10												10
11						**Visits by Payor**						11
12	359	600	(241)	-40.2%	561	Medi-Cal	5,515	7,200	(1,685)	-23.4%	7,176	12
13	494	516	(22)	-4.3%	466	Medicare	5,359	6,192	(833)	-13.5%	6,209	13
14	447	532	(85)	-16.0%	538	Other	6,485	6,384	101	1.6%	6,407	14
15	**1,300**	**1,648**	**(348)**	**-21.1%**	**1,565**	**Total Visits by Payor**	**17,359**	**19,776**	**(2,417)**	**-12.2%**	**19,792**	15
16												16
17						**Visits by Discipline**						17
18	789	829	(40)	-4.8%	883	Skilled Nursing	10,336	9,948	388	3.9%	9,944	18
19	89	129	(40)	-31.0%	114	Occupational Therapy	1,062	1,548	(486)	-31.4%	1,531	19
20	90	220	(130)	-59.1%	181	Physical Therapy	1,673	2,640	(967)	-36.6%	2,645	20
21	94	100	(6)	-6.0%	74	Medical Social Worker	1,032	1,200	(168)	-14.0%	1,195	21
22	238	366	(128)	-35.0%	310	Home Health Aide	3,243	4,392	(1,149)	-26.2%	4,423	22
23	-	4	(4)	n/a	3	Speech Therapist	13	48	(35)	-72.9%	54	23
24	**1,300**	**1,648**	**(348)**	**-21.1%**	**1,565**	**Total Visits by Discipline**	**17,359**	**19,776**	**(2,417)**	**-12.2%**	**19,792**	24
25												25
26						**KEY OPERATIONAL INDICATORS**						26
27						**Labor**						27
28	41	52	11	21.0%	47	FTEs - Productive	41	52	11	20.4%	49	28
29	8	9	1	14.0%	6	FTEs - Non-Productive	7	9	2	19.8%	5	29
30	**49**	**61**	**12**	**19.9%**	**53**	**FTEs - Total**	**49**	**61**	**12**	**20.3%**	**54**	30
31	6.4	6.3	(0.1)	-0.9%	8.7	Hours per Visit	5.9	6.4	0.6	8.9%	5.9	31
32	$ 57,896	$ 54,672	$ (3,224)	-5.9%	$ 54,034	Labor Cost per FTE	$ 57,891	$ 54,096	$ (3,795)	-7.0%	$ 53,007	32
33	23.0%	21.0%	-2.0%	-9.4%	29.7%	Fringe Benefits as % of Salary	24.4%	21.0%	-3.4%	-16.1%	23.1%	33
34	8	5	3	60.0%	9	Vacant Position	8	5	3	60.0%	9	34
35												35
36						**Revenues**						36
37	$ (91)	$ 60	$ (151)	-251.7%	$ 154	Operating Rev. (cash basis) per Visit	$ 56	$ 60	$ (4)	-6.7%	$ 60	37
38												38
39						**Expenses**						39
40	$ 154	$ 204	$ 50	24.5%	$ 112	Operating Expense per Visit	$ 202	$ 204	$ 2	1.0%	$ 159	40
41	72%	17%	-55%	-323.5%	-2%	Supply Exp. as % of Operating Rev.	10%	17%	7%	41.2%	11%	41

JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2001

(In Thousands of Dollars)

MONTHLY						ANNUAL				
Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual
					OPERATING EXPENSES:					
1,179	1,137	(42)	-3.7%	1,214	Personnel Services	14,711	13,654	(1,057)	-7.7%	14,173
76	200	124	62.0%	376	Mandatory Fringe Benefits	2,891	2,397	(494)	-20.6%	2,952
152	349	197	56.4%	227	Contractual Services	3,992	4,189	197	4.7%	3,979
(228)	76	304	400.0%	(53)	Materials and Supplies (Excl. Pharmaceuticals)	605	909	304	33.4%	570
(57)	43	100	232.6%	51	Pharmaceuticals	713	521	(192)	-36.9%	839
0	0	0	n/a	0	Facilities Maint. & Capital Outlay	0	0	0	n/a	0
202	49	(153)	-312.2%	(31)	Services of Other Departments	738	585	(153)	-26.2%	478
100	(62)	(162)	-261.3%	(132)	Expenditure Recovery	(584)	(746)	(162)	-21.7%	(783)
0	0	0	n/a	0	Other	0	0	0	n/a	0
1,424	1,792	368	20.5%	1,652	TOTAL OPERATING EXPENSES	23,066	21,509	(1,557)	-7.2%	22,208
(1,424)	(1,792)	368	20.5%	(1,652)	OPERATING INCOME/(LOSS)	(23,066)	(21,509)	(1,557)	-7.2%	(22,208)
					NON-OPERATING REVENUE:					
1,790	1,790	0	n/a	1,769	General Fund	21,484	21,484	0	n/a	21,228
3	2	1	50.0%	0	Miscellaneous	27	25	2	8.0%	26
1,793	1,792	1	0.1%	1,769	NON-OPERATING REVENUE	21,511	21,509	2	0.0%	21,254
369	0	369	n/a	117	NET INCOME/(LOSS)	(1,555)	0	(1,555)	n/a	(954)

JAIL HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
Month Ending: JUN 30, 2001

	CURRENT MONTH						YEAR-TO-DATE					
	Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year	
						Activity *						
1	3,470	3,470	0	n/a	3,470	Patients Triaged	41,109	45,434	(4,325)	-9.5%	45,434	1
2	2,373	2,373	0	n/a	2,373	Patients Screened	28,228	30,530	(2,302)	-7.5%	30,530	2
3	630	630	0	n/a	630	Health Inventory Screenings	4,581	8,036	(3,455)	-43.0%	8,036	3
4	8,156	8,156	0	n/a	18,985	Sick Call Visits **	103,206	97,868	5,338	5.5%	223,802	4
5	1,393	1,393	0	n/a	3,558	Clinician Sick Calls **	17,319	16,716	603	3.6%	42,941	5
6	6,763	6,763	0	n/a	15,427	RN Sick Calls **	85,887	81,152	4,735	5.8%	180,861	6
7	473	473	0	n/a	473	X-Rays Performed	2,284	5,893	(3,609)	-61.2%	5,893	7
8	531	531	0	n/a	531	Dental Visits	6,129	6,865	(736)	-10.7%	6,865	8
9	665	665	0	n/a	665	Mental Health Evaluations	8,209	8,588	(379)	-4.4%	8,588	9
10												10
11												11
12						**KEY OPERATIONAL INDICATORS**						12
13						**Labor**						13
14	176	175	(1)	-0.6%	187	FTEs - Productive	179	175	(4)	-2.3%	186	14
15	30	29	(1)	-3.4%	26	FTEs - Non-Productive	31	29	(2)	-6.9%	27	15
16	**206**	**204**	**(2)**	**-1.0%**	**213**	**FTEs - Total**	**210**	**204**	**(6)**	**-2.9%**	**213**	16
17	$ 68,972	$ 66,867	$ (2,105)	-3.1%	$ 67,139	Labor Cost per FTE	$ 70,159	$ 67,023	$ (3,135)	-4.7%	$ 66,573	17
18	6.5%	17.6%	11.1%	63.0%	31.0%	Fringe Benefits as % of Salary	19.7%	17.6%	-2.1%	-12.2%	20.8%	18
20	18	22	-4	-18.2%	15	Vacant Positions	18	22	-4	-18.2%	15	20
21												21
22						**Expenses**						22
23	-20.0%	6.6%	26.6%	403.0%	-0.2%	Supply Exp. as % of Total Expenses	5.7%	6.6%	0.9%	13.6%	6.3%	23

* Assumes Current Month Actual is at budget due to unavailability of data as of report date.

** Previously, total encounters were reported. Effective 8/00, reporting methodology is adjusted accordingly to report actual visits.

SAN FRANCISCO TRAUMA CARE SYSTEM PLAN
PRESENTATION TO COMMUNITY HEALTH NETWORK
JOINT CONFERENCE COMMITTEE of the
SAN FRANCISCO HEALTH COMMISSION

JOHN BROWN, M.D., EMS SECTION MEDICAL DIRECTOR
7/31/01

1. Why are we developing a new Trauma Plan?

- To address current trauma system vulnerabilities, including medical transport demands and constraints, provider staffing resources limitations, trauma system oversight and data availability
- To comply with state regulatory changes—Title 22, Division 9, Chapter 7, Section 100253 (Trauma Care Systems Regulations) passed in August, 1999 mandates an updated trauma plan be filed within 2 years in a required format
- To improve EMS care of trauma patients by evaluating the effectiveness of our interventions better—current data system wide is inadequate
- To preserve the Trauma Center (meet American College of Surgeons guidelines)

2. What are the objectives of the Trauma Plan 2001?

- Evaluate need, costs, risks, benefits, feasibility and impact of improved air medical access for San Francisco trauma system
- Preserve the patient volume and severity of injury needed to maintain trauma center designation in the system
- Improve the management and quality assurance structures and processes for the trauma system
- Improve pediatric trauma care

3. What are the changes to the Trauma Plan 1990?

- Support of trauma system elements, e.g. the improvement of medical air access, pediatric trauma transfer and regional cooperation
- Improved trauma system management with Trauma Audit Committees
- Improved data collection, linkage and continuous quality improvement processes
- Participation in the direction of the trauma system from prehospital, trauma center, community hospitals, rehabilitation and prevention elements

4. Where are we going with a new Trauma System?

- The EMS Section is attempting a true paradigm shift, to move the system from:
    - Reactive to Proactive—foresee emerging problems and liability exposures prior to their becoming a crisis to manage
    - Exclusive to Inclusive—move from a trauma center, in-patient-focused system to a spectrum of prevention, field triage, effective treatment at EMS and hospital, and patient rehabilitation
    - Static, anecdotally driven to dynamic, data-driven decision making to improve efficiency and patient outcome.

Attachment B

The San Francisco Trauma Care System Plan

EMS Section
Department of Public Health

The San Francisco Trauma Care System Plan

EMS Section
Department of Public Health

Presentation Outline

- **What is the Trauma Care System Plan?**
  - Background--EMS and Trauma Systems
  - Trauma Plan Goals
- **What's New in the Trauma Plan?**
  - Trauma System Environment
    - Vulnerabilities in the Trauma System
    - New Title 22 Regulations
- **What do the Changes Mean to You?**

Presentation Outline, continued

- **Trauma Plan Approval Process**
- **Current Status**
- **Comments/Discussion**

Background--What is the Trauma Care System Plan?

- **EMS System**
  - State law requires EMS Agency to plan, regulate and monitor EMS System (hospital, fire, ambulance, etc.) inc. trauma
- **Trauma Care System**
  - Integration of EMS and trauma care resources to reduce preventable injury deaths and improve patient outcomes

Trauma Care System Plan Goals

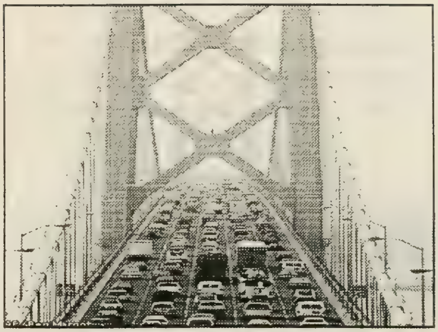
- **Decrease Injury Morbidity and Mortality in San Francisco**
  - Ensure rapid access to appropriate levels of care
  - Ensure seamless pediatric trauma care
  - Improve long-term trauma outcomes
  - Improve injury surveillance, prevention, public education

Trauma Care System Plan Goals (cont'd.)

- **Evaluate Trauma System Quality & Cost-Effectiveness**
  - Monitor trauma system process, structures outcomes and costs with continuous quality improvement process

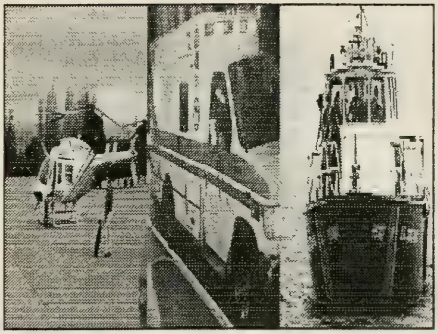
The Trauma System Environment

- SF: 47 sq. miles
- Isolated: bordered by water on 3 sides
- High pop. density → congestion
  - SF: 17,000/sq. mi. in yr. 2000
    - 15,000/sq.mi. in 1990
  - Ranks 2nd after New York City in density
  - Second worst traffic congestion in U.S.
    - *Texas Transportation Institute 2001 Urban Mobility Study*

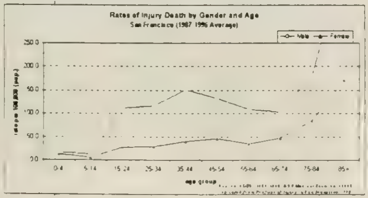


The Trauma System Environment (cont'd.)

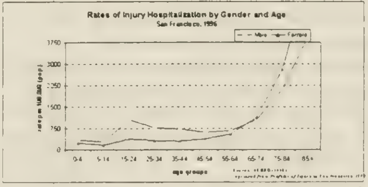
- Earthquake prone
- Vulnerable to Multiple Casualty Incidents
- Transportation to trauma care limited to congested ground/bridge routes



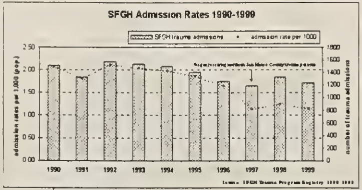
Trauma System Environment: Injury Death Rates in San Francisco



Trauma System Environment: Rates of Injury Hospitalization--all SF Hospitals

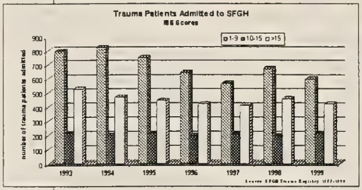


Trauma System Environment: SFGH Trauma Admission Rates


SFGH Admission Rates 1990-1999

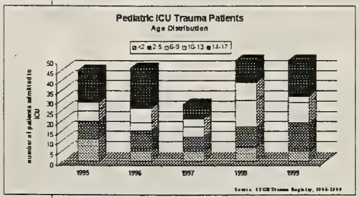
Source: SFGH Trauma Program Registry 1990-1999

Trauma System Environment: Injury Severity


Trauma Patients Admitted to SFGH
ISS Scores

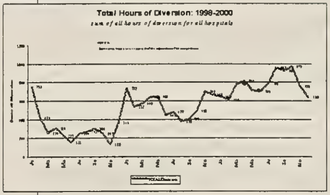
Source: SFGH Trauma Registry 1993-1999

Trauma System Environment: SFGH Pediatric ICU Admissions


Pediatric ICU Trauma Patients
Age Distribution

Source: SFGH Trauma Registry, 1995-1999

Trauma System Environment: Diversions


Total Hours of Diversion: 1998-2000
sum of all hours of diversion for all hospitals

The Trauma System Environment (cont'd.)

- Single trauma receiving facility in SF
- Low volume pediatric trauma
- Reliance on UCSF faculty, house staff
- Decreasing number of acute care hospitals & hospital beds → diversion
- Potential trauma-related RN, physician shortage

Chronicle / Liz Hafalia

The Existing Trauma System

- Innovations in Trauma Care Since the Early 1900's
  - County-wide DPH network of first-aid stations
  - DPH Paddy Wagons transport to hospitals
  - Trauma research since 1960's, led to institution of Trauma Center at SFGH

The Existing Trauma System (cont'd.)

- Trauma Center Improvements in care
  - Setting National Standards
  - Trauma Recovery intervention programs
  - Basic Trauma research
- Current Innovations in Prehospital Care
  - SFFD rapid EMS response
  - Emergency Medical Dispatch Systems

The Existing Trauma System (cont'd.)

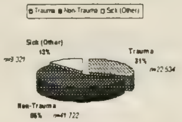
- Primary Prevention Innovations
  - UCSF Injury Center
  - DPH Population Health & Prevention Research & Intervention Programs
  - Trauma Foundation

The Existing Trauma System

EMS Dispatch Call-Type Category

Trauma vs. Non-trauma dispatches, 1999

(n=73,577 EMS incidents)



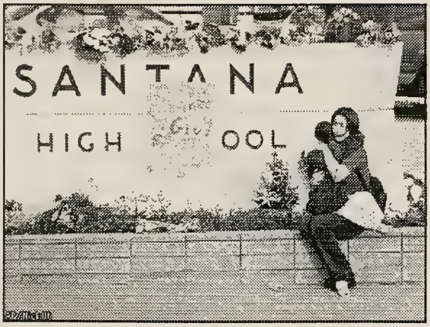
Source: Dispatch CAD data, EMS System Summary 1999

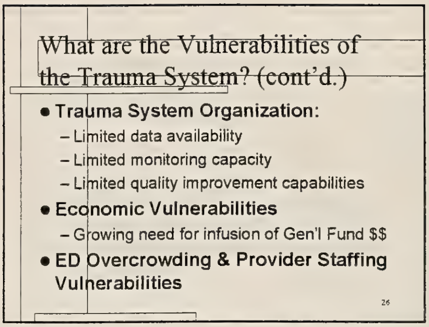
The Existing Trauma System

- Outcomes unknown in an estimated 40% of injured patients in San Francisco
- Need for compliance with new State Trauma (Title 22) regulations

What are the Vulnerabilities of the Existing Trauma System?

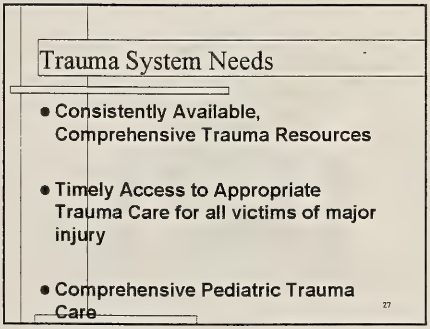
- Trauma center capacity during high volume periods/MCIs
- Conditions affecting local & regional access to care
- Limited local resources for major pediatric trauma





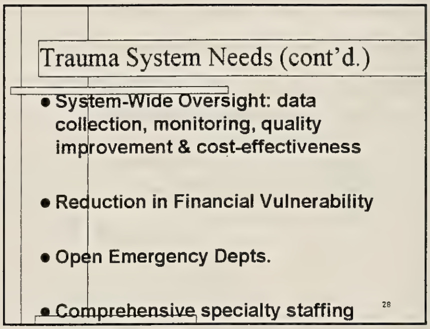
What are the Vulnerabilities of the Trauma System? (cont'd.)

- Trauma System Organization:
  - Limited data availability
  - Limited monitoring capacity
  - Limited quality improvement capabilities
- Economic Vulnerabilities
  - Growing need for infusion of Gen'l Fund $$
- ED Overcrowding & Provider Staffing Vulnerabilities



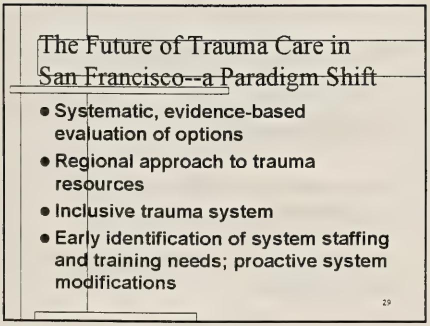
Trauma System Needs

- Consistently Available, Comprehensive Trauma Resources
- Timely Access to Appropriate Trauma Care for all victims of major injury
- Comprehensive Pediatric Trauma Care



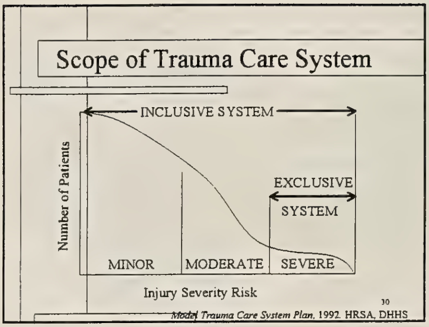
Trauma System Needs (cont'd.)

- System-Wide Oversight: data collection, monitoring, quality improvement & cost-effectiveness
- Reduction in Financial Vulnerability
- Open Emergency Depts.
- Comprehensive specialty staffing



The Future of Trauma Care in San Francisco--a Paradigm Shift

- Systematic, evidence-based evaluation of options
- Regional approach to trauma resources
- Inclusive trauma system
- Early identification of system staffing and training needs; proactive system modifications



Scope of Trauma Care System

Model Trauma Care System Plan, 1992. HRSA, DHHS

What are the Changes in the 2001 Plan?

- Improving & Expanding Trauma System Cohesiveness
  - "Inclusive", system-based v. trauma center-based
- Address Critical Patient Transport Needs
  - Systematic evaluation of options, including emergency medical air access

What are the Changes in the 2001 Plan?

- Improved System Oversight & Monitoring
  - Development of Trauma Audit Committees
  - Trauma System Coordinator
  - Development of systematic evaluation processes with data collection, analysis, reporting & quality improvement

What are the Changes in the 2001 Plan?

- Evaluate & plan system response for MCI or SFGH incapacity
- Address & evaluate threats to provider staffing needs
- Plan for comprehensive care of the pediatric trauma patient

Pediatric Trauma Care

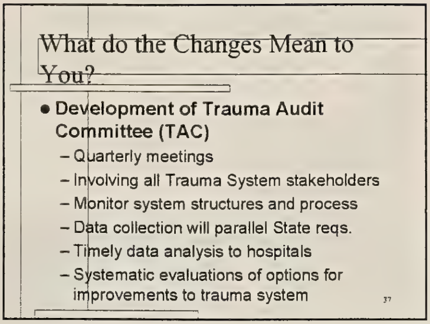
- Develop SFGH Trauma Center Policies for expedient transfer of critical young pediatric patients
- Incorporate regional pediatric trauma centers into SF System
- Standardize pediatric trauma care protocols
- Improve all hospitals' ED Pediatric Trauma Care Plans

Resources Needed to Implement the Trauma Plan

- EMS Trauma Personnel
  - Trauma Coordinator & Data Processing Support
- Data reporting by individual system providers
- Trauma System consultation
  - Trauma System development & QI expertise; Database construction expertise
  - Medical Air Access Feasibility Analysis

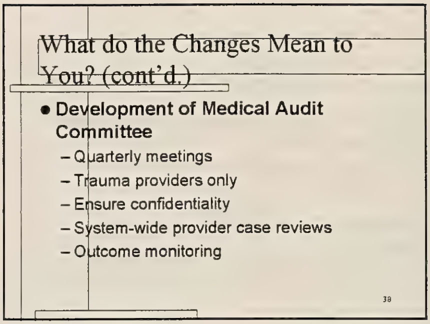
Projected Financial Impact

COSTS	BENEFITS
• EMS Section positions	• Fulfilling all State reqs. for data collection
• Development & maintenance of EMS/Trauma Database	• More accurate triage; less transfers
• Data collection from all system components	• Potential increase in Trauma Center revenue
• Consultants	



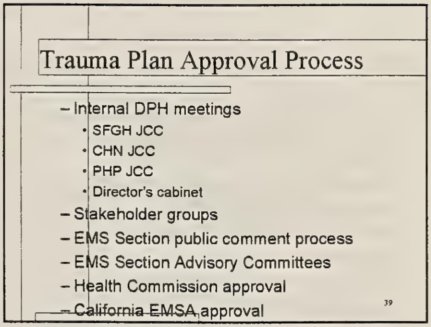
What do the Changes Mean to You?

- **Development of Trauma Audit Committee (TAC)**
  - Quarterly meetings
  - Involving all Trauma System stakeholders
  - Monitor system structures and process
  - Data collection will parallel State reqs.
  - Timely data analysis to hospitals
  - Systematic evaluations of options for improvements to trauma system



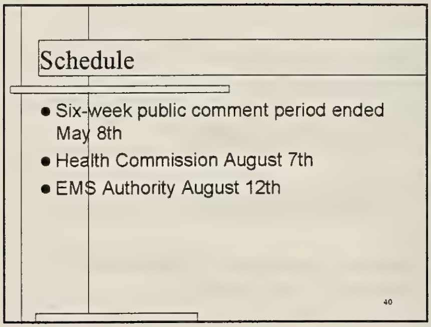
What do the Changes Mean to You? (cont'd.)

- **Development of Medical Audit Committee**
  - Quarterly meetings
  - Trauma providers only
  - Ensure confidentiality
  - System-wide provider case reviews
  - Outcome monitoring



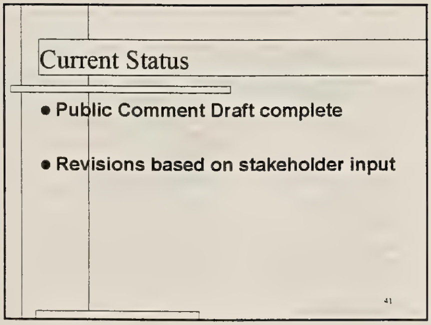
Trauma Plan Approval Process

- Internal DPH meetings
  - SFGH JCC
  - CHN JCC
  - PHP JCC
  - Director's cabinet
- Stakeholder groups
- EMS Section public comment process
- EMS Section Advisory Committees
- Health Commission approval
- California EMSA approval



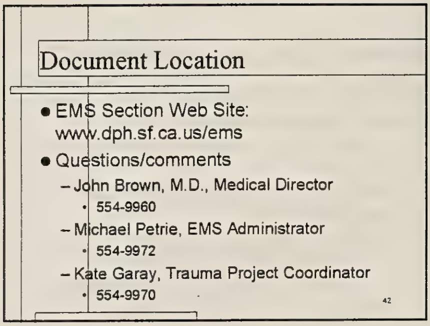
Schedule

- Six-week public comment period ended May 8th
- Health Commission August 7th
- EMS Authority August 12th



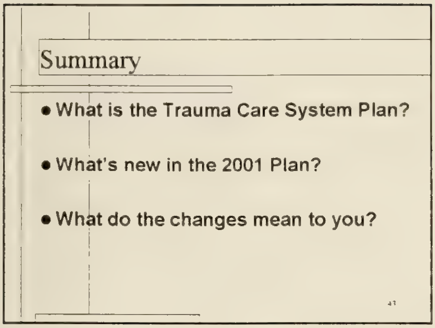
Current Status

- **Public Comment Draft complete**
- **Revisions based on stakeholder input**



Document Location

- EMS Section Web Site: www.dph.sf.ca.us/ems
- Questions/comments
  - John Brown, M.D., Medical Director
    - 554-9960
  - Michael Petrie, EMS Administrator
    - 554-9972
  - Kate Garay, Trauma Project Coordinator
    - 554-9970



Summary

- What is the Trauma Care System Plan?
- What's new in the 2001 Plan?
- What do the changes mean to you?

Comments/Discussion

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: ***http://www.dph.sf.ca.us***

AGENDA

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JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 28, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MAY 22 AND JULY 31, 2001**
**Minutes for May 22 and July 31, 2001*

3) **FOR DISCUSSION:** **CHN EXECUTIVE REPORT**
(Barbara Garcia, Deputy Director)
(Activities and Operations of Community Health Network (CHN))

4) **FOR DISCUSSION:** **FINANCE REPORT**
(Gregg Sass, CHN Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **OVERVIEW OF THE COMMUNITY HEALTH NETWORK JOINT CONFERENCE COMMITTEE**
(Barbara Garcia, Deputy Director)

6) OTHER BUSINESS/PUBLIC COMMENTS**

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***)***, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 28, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The Community Health Network Joint Conference Committee meeting was called to order by Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W

Staff: Rowena Esquieres, Barbara Garcia, Judith Klein, Charlie Morimoto, Frank Patt, Gene O'Connell, Jo Ruffin, Gregg Sass, Anthony Wagner

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETINGS OF MAY 22 AND JULY 31, 2001

Action: The Committee approved the minutes for the May 22 and July 31, 2001 CHN Joint Conference Committee meetings.

3) CHN EXECUTIVE REPORT

(Barbara Garcia, Deputy Director)
(Activities and Operations of the Community Health Network (CHN))

Barbara Garcia gave a verbal update on the activities of the Community Health Network. Ms. Garcia announced that Phyllis Harding is now the Primary Care Nursing Director, so the CSAS Director position is now open. Ms. Garcia hopes to fill this position within the next three to six months. Ms. Garcia also announced that the State has received San Francisco's Trauma Plan, and notified DPH that its preliminary review indicates that the plan is in compliance with the State's requirements. The State informed DPH that the San Francisco plan was the first to be submitted.

Ms. Garcia then updated the committee on the implementation of Proposition 36. The Department of Public Health currently has 15-16 clients in the program. The Department is working with Drug Court staff to improve the flow of clients between the two systems. The Department is also working with the Parole and Probation departments, since clients will also come from these systems. According to Ms. Garcia, there are still some issues that need to be worked out or closely monitored, including the fact that participation in the program requires a guilty plea, which has a number of ramifications. Ms. Garcia also reported that both Mental Health and CSAS staff will be providing Superior Court judges with a year-long training program on the mental health and substance abuse treatment systems.

4) FINANCE REPORT

(Gregg Sass, CHN Chief Financial Officer)

Gregg Sass, CHN Chief Finance Officer, presented the Statement of Revenue and Expenses for the Primary Care Clinics for the month ending July 31, 2001. (Attachment A).

5) OVERVIEW OF THE COMMUNITY HEALTH NETWORK JOINT CONFERENCE COMMITTEE

(Barbara Garcia, Deputy Director)

Commissioner Chow began the discussion by stating that the restructuring of both the Community Health Network (CHN) and Population Health and Prevention (PHP) Joint Conference Committees provides the commissioners with the opportunity to develop a clear vision for each of the committees. Commissioner Chow stated that in his mind, the purpose of the CHN Joint Conference Committee is to provide three tiers of oversight. First, the committee will oversee the programs that fall under its purview, such as primary care, mental health and substance abuse treatment services. Second, the committee will focus on the integration of the service delivery system from a policy level, and provide an overarching look at patient-centered services. And third, the committee will provide quality assurance oversight for those programs that do not fall under the scope of any other quality assurance review.

Commissioner Guy added that the CHN Joint Conference Committee would be the committee that discusses the integration of the service delivery system from a policy level.

The Committee agreed that, in addition to the program representatives identified by Dr. Katz in his draft memo of August 27, 2001, San Francisco General Hospital and Laguna Honda Hospital needed to have representatives on the CHN Joint Conference Committee.

The Committee agreed that comprehensive expenditure and revenue reports would be presented to the Joint Conference Committee on a quarterly basis. At the meetings when a quarterly report is not presented, the Joint Conference Committee could have a more detailed discussion of a specific fiscal issue.

Commissioner Guy stated that the joint conference committees should be used as a forum to discuss emerging issues, and that this should be a standing agenda item.

Both Commissioner Guy and Commissioner Chow emphasized that each presentation to the CHN Joint Conference Committee should include a patient flow component and tie into the Strategic Plan. In addition, there should be quarterly reports on patient flow as it relates to the entire CHN delivery system as well as quarterly discussions about how CHN in fulfilling the Strategic Plan from a broad basis.

Commissioner Chow emphasized that CHN Joint Conference Committee will perform quality assurance for all programs under its purview that provide direct patient services.

Ms. Garcia stated that she and her staff are developing a standardized reporting format, to ensure that all presentations to the Joint Conference Committee contain objectives and benchmarks, describe how the program improves integration of services, and how it ties into the Strategic Plan.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.

Michele M. Olson
Health Commission Secretary

Attachment (1)

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
Month Ending: JUL 31, 2000
(In Thousands of Dollars)

MONTHLY						ANNUAL				
Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual
					GROSS PATIENT REVENUE:					
313	399	(86)	-21.6%	319	Medi-Cal Revenue	3,760	4,785	(1,025)	-21.4%	4,373
143	150	(7)	-4.7%	147	Medicare Revenue	1,718	1,800	(82)	-4.6%	2,040
616	542	74	13.7%	517	Other Revenue	7,393	6,500	893	13.7%	7,241
1,072	1,091	(19)	-1.7%	983	**TOTAL GROSS PATIENT SERVICE REVENUE**	12,871	13,085	(214)	-1.6%	13,654
					REVENUE DEDUCTIONS:					
85	58	(27)	-46.6%	(44)	Medi-Cal Revenue	1,015	700	(315)	-45.0%	1,180
60	52	(8)	-15.4%	55	Medicare Revenue	719	626	(93)	-14.9%	853
505	475	(30)	-6.3%	497	Other Revenue	6,062	5,700	(362)	-6.4%	5,937
95	100	5	5.0%	91	Provision for Bad Debt	1,137	1,200	63	5.3%	1,206
745	685	(60)	-8.8%	599	**TOTAL REVENUE DEDUCTIONS**	8,933	8,226	(707)	-8.6%	9,176
327	406	(79)	-19.5%	384	**NET PATIENT SERVICE REVENUE**	3,938	4,859	(921)	-19.0%	4,478
					OTHER OPERATING REVENUE:					
62	62	-	n/a	62	Capitation	744	744	-	n/a	700
-	-	-	n/a	-	Prior Year Settlement	-	-	-	n/a	(193)
-	-	-	n/a	-	Carryforward	-	-	-	n/a	-
117	117	-	n/a	115	TCM and Other Net Patient Revenue	1,399	1,399	-	n/a	1,623
179	179	-	n/a	177	**TOTAL OTHER OPERATING REVENUE**	2,143	2,143	-	n/a	2,130
-	-	-	0	0	0	-	-	-	0	0
506	585	(79)	-13.5%	561	**TOTAL OPERATING REVENUE**	6,081	7,002	(921)	-13.2%	6,608
					OPERATING EXPENSES:					
2,350	2,502	152	6.1%	2,202	Personnel Services	28,762	30,022	1,260	4.2%	27,153
569	551	(18)	-3.3%	508	Mandatory Fringe Benefits	6,958	6,613	(345)	-5.2%	6,567
294	294	-	n/a	428	Contractual Services	3,526	3,526	-	n/a	3,217
88	88	-	n/a	84	Materials and Supplies (excl. Pharmaceuticals)	1,062	1,062	-	n/a	1,541
33	33	-	n/a	44	Pharmaceuticals	400	400	-	n/a	390
498	498	-	n/a	90	Facilities Maint. & Capital Outlay	5,971	5,971	-	n/a	1,628
87	87	-	n/a	64	Services of Other Departments	1,041	1,041	-	n/a	1,144
(391)	(435)	(44)	-10.1%	(533)	Expenditure Recovery	(4,693)	(5,215)	(522)	-10.0%	(4,438)
-	-	-	n/a	1	Others	-	-	-	n/a	-
3,528	3,618	90	2.5%	2,888	**TOTAL OPERATING EXPENSES**	43,027	43,420	393	0.9%	37,202
(3,022)	(3,033)	11	0.4%	(2,327)	**OPERATING INCOME/(LOSS)**	(36,946)	(36,418)	(528)	-1.4%	(30,594)
					NON-OPERATING REVENUE:					
2,938	2,938	-	n/a	2,462	General Fund	35,253	35,253	-	n/a	29,988
97	95	2	2.1%	1	Miscellaneous	1,165	1,165	-	n/a	54
3,035	3,033	2	0.1%	2,463	**TOTAL NON-OPERATING REVENUE**	36,418	36,418	-	n/a	30,042
13	-	13	n/a	136	**NET INCOME/(LOSS)**	(528)	-	(528)	n/a	(552)

Attachment A
Page 1 of 3

PRIMARY CARE CLINICS
SUMMARY STATISTICAL INFORMATION
Month Ending: JUL 31, 2001

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Payor Mix (Gross Revenue)					
29%	32%	-3%	-9.38%	32%	Medi-Cal	29%	32%	-3%	-9.38%	32%
13%	15%	-2%	-13.33%	15%	Medicare	13%	15%	-2%	-13.33%	15%
58%	53%	5%	9.43%	53%	Other	58%	53%	5%	9.43%	53%
100%	100%	0%	n/a	100%	Total	100%	100%	0%	n/a	100%
					Visits *					
36	36	-	n/a	31	Balboa Teen Clinic	36	36	-	n/a	31
2,424	2,424	-	n/a	2,272	Castro-Mission Health Center	2,424	2,424	-	n/a	2,272
1,691	1,691	-	n/a	1,716	Chinatown Public Health Center	1,691	1,691	-	n/a	1,716
76	76	-	n/a	50	Cole Strert Health Center	76	76	-	n/a	50
149	149	-	n/a	149	Larkin Street Health Center	149	149	-	n/a	149
1,334	1,334	-	n/a	1,320	Maxine Hall Health Center	1,334	1,334	-	n/a	1,320
1,788	1,788	-	n/a	1,798	North of market Senior Health Center	1,788	1,788	-	n/a	1,798
1,517	1,517	-	n/a	1,626	Ocean Park Health Center	1,517	1,517	-	n/a	1,626
1,017	1,017	-	n/a	873	Potrero Hill Health Center	1,017	1,017	-	n/a	873
1,508	1,508	-	n/a	1,530	Silver Avenue Family Health Center	1,508	1,508	-	n/a	1,530
1,455	1,455	-	n/a	1,374	Southeast Health Center	1,455	1,455	-	n/a	1,374
5,440	5,440	-	n/a	5,801	Tom Waddell Health Center	5,440	5,440	-	n/a	5,801
544	544	-	n/a	479	Youth Guidance Center	544	544	-	n/a	479
18,979	18,979	-	n/a	19,019	Total Visits	18,979	18,979	-	n/a	19,019
					KEY OPERATIONAL INDICATORS					
					Labor					
366	382	16	4.2%	375	FTEs - Productive	366	382	16	4.2%	375
41	70	29	41.4%	42	FTEs - Non-Productive	41	70	29	41.4%	42
407	452	45	10.0%	417	FTEs - Total	407	452	45	10.0%	417
$ 70,681	$ 6,417	$ (64,264)	-1001.5%	$ 65,751	Labor Cost per FTE	$ 70,681	$ 6,417	$ (64,264)	-1001.5%	$ 65,751
24.2%	22.0%	-2.2%	-10.0%	23.1%	Fringe Benefits as % of Salary	24.2%	22.0%	-2.2%	-10.0%	23.1%
-	-	-	n/a	27	Vacant Positions (excl. grants)	-	-	-	n/a	27
					Revenues					
$ 27	$ 31	$ (4)	-12.9%	$ 29	Operating Revenue per Visit	$ 27	$ 31	$ (4)	-12.9%	$ 29
					Expenses					
$ 186	$ 191	$ 5	2.6%	$ 152	Operating Expense per Visit	$ 186	$ 191	$ 5	2.6%	$ 152
24%	21%	-3%	-14.3%	23%	Supply Exp. as % of Operating Rev.	24%	21%	-3%	-14.3%	23%

* Current Month Actual is assumed at budget due to unavailability of data as of report date.

Attachment A
Page 2 of 3

Primary Care Capital Equipment Proposal
FY 01-02

1	Primary Care Signage	200,000	Design and installation of exterior wayfinding and interior signs. Includes all signage required by ADA.
2	Silver Avenue Health Center Reconfiguration	437,000	Reconfiguration to include various improvements of the clinic for better efficiency and code compliance. Project includes installation of an elevator to existing second floor and expansion of dental service.
3	Maxine Hall Renovations	475,000	Major renovation to include re-configured interiors and addition of an elevator to the second floor for handicapped patient access.
4	North of Market Expansion	630,000	Substantial reconfiguration of clinic to increase exam rooms and patient waiting areas, and improve confidentiality in Eligibility area. Scope also includes mechanical system enhancements.
5	Castro Mission Renovations	660,100	Substantial reconfiguration of clinic to increase exam rooms and patient waiting areas, and improve confidentiality in Eligibility area.
6	Ocean Park Health Center	338,900	Renovations to include construction of additional four consultation rooms, and installation of an elevator to serve the existing second floor.
7	Chinatown Health Center	750,000	Replacement of existing mechanical system and reconfiguration of Eligibility area to improve confidentiality and increase eligibility determination.
8	Sunset Mental Health Clinic	800,000	Construction of an annex to increase counseling capacity and decompress staff areas, while making necessary improvements to the existing clinic interior for better efficiency and ADA compliance.
9	South East Health Center Feasibility and Design	450,000	Would fund feasibility and design of proposed expansion of health center to include a new second floor annex, and various improvements to the existing first floor. The annex will provide community use rooms available to the general neighborhood.
10	Potrero Hill Health Center Exterior Renovations	259,000	Replacement and upgrade of deteriorated exterior wood siding, and repair of various exterior closure deficiencies to prevent water damage.
	TOTAL HEALTH CENTERS	**5,000,000**	

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Artur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 25, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF AUGUST 28, 2001**
**Minutes for August 28, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Barbara Garcia, CHN Secretary)
(Activities and Operations of Community Health Network (CHN))

4) **FOR DISCUSSION:** **FISCAL YEAR 2001-02 BUDGET UPDATE**
(Monique Zmuda, CHN Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **MENTAL HEALTH ANNUAL REPORT**
(Jo Ruffin, LCSW, Director of Community Mental Health Services)
**Report*

6) **FOR DISCUSSION: CURRENT ISSUES**

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* **Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero), is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
President

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN)
MEETING

DOCUMENTS DEPT.

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Tuesday, September 25, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The Community Health Network Joint Conference Committee meeting was called to order by Commissioner Edward A. Chow, M.D. at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., Chairperson Commissioner Roma P. Guy, M.S.W.
Staff:	Robert Paul Cabaj, M.D., Mildred Crear, Larry Doyle, Larry Funk, Joe Goldenson, M.D., Judith Klein, Maria X. Martinez, Bill McConnell, Gene O'Connell, David Ofman, M.D., Louise Rogers, Jo Ruffin, Gregg Sass, Jim Stillwell, Marc Trotz, Anthony Wagner, and Monique Zmuda

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF AUGUST 28, 2001

Action Taken: The Committee approved the minutes for the August 28, 2001 Community Health Network Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Tony Wagner, co-secretary for the Community Health Network Joint Conference Committee, presented the Secretary's Report.

Responding to the September 11th Tragedy

The terrorist attacks that happened in New York City, Washington, D.C., and Pennsylvania have saddened everyone. The San Francisco Department of Public Health offers deep and sincere condolences to all who lost loved ones in this tragedy. CHN stresses the importance of taking care of ourselves in this aftermath period and providing mental health information and support to CHN staff, clients, their families and the San Francisco community.

In the days following the attack, debriefing meetings were held for staff of Community Health Promotion and Prevention, Maternal and Child Health, Housing and Urban Health, Community Mental Health, Substance Abuse Programs and Primary Care. These were facilitated structured meetings designed to assist in dealing with the intense emotions that are commonly experienced in disasters. They focused on normal stress responses, specific skills for coping with stress and provided an opportunity to support one another emotionally.

Separate debriefing meeting times are also being made available to staff who want time to share with each other their thoughts and feelings about the incidents. To request debriefing services for your staff call the Debriefing Hotline at (415) 252-3098 and leave a message.

Information on common reactions to critical stress incidents and suggestions on coping with the psychological and emotional impact of the current tragedy were distributed to all Community Programs staff. These materials for adults, older adults, and children were selected for use by staff and can be also duplicated for use with your clients.

It is important to be aware of the issues of racial and cultural discrimination that commonly surface at times like this. CHN encourages an awareness of this potential and the importance of preventing and de-escalating situations that can lead to retaliation and hate crime incidents.

Primary Care

Capital Projects Surveys

The hospital-based clinics completed the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) Mock Survey. Facilities structure and maintenance were identified among the issues for the hospital-based clinics.

The community-based clinics are undergoing a survey being conducted by Mark Primeau and Steve Wong, consultants. Their task is to prioritize health centers and their capital projects and put them in some kind of rational order. These projects will be funded by the 5 million dollars for capital projects placed in the budget by the Board of Supervisors.

Southeast Health Center Administrative Staff Recruitment

Recruitment for the Southeast Health Center administrative staff is proceeding. There is a panel organized for first interviews, which includes staff members from CAB and DPH. The first round of interviews is for the Center Director and should take place during the first week of October.

Castro Mission Health Center

The tattoo removal clinic has been transferred from San Francisco General Hospital to Castro-Mission Health Center.

In Addition, the Center has received two grants: The first grant, from the Office of Minority Health, is a one-time only grant to fund staff salaries at the Dimensions Clinic. The second is a $1.2 million dollar grant, over three years, to fund the proposed "Transgender Life Care" project through CMHS. This project is in collaboration with UCSF's Center for AIDS's Prevention Studies (CAPS), Health Studies for People of Color and other agencies.

North of Market Senior Services Collaboration with CMHS

North of Market Senior Services is collaborating with Community Mental Health Services (CMHS) on a grant they recently received to provide geriatric services. The State will provide funding over a three-year period for a pilot program to divert elderly patients exhibiting mental illness or dementia symptoms from the emergency department if appropriate.

Mental Health

Police Crisis Intervention Training

The next Police Crisis Intervention Training (PCIT) is scheduled for October 1-4, 2001. PCIT is a 40-hour training for police officers on intervening with the mentally ill. It was created in a partnership with the Coalition on Homelessness, the Mental Health Board with special funding by Supervisor Tom Ammiano. $180,000 was set aside to pilot San Francisco's PCIP, which is based on very successful programs in Memphis and San Jose. The curriculum committee designed the special curriculum San Francisco will be using. As part of the training, officers will go out to treatment programs and spend time talking and hanging out with clients. The curriculum committee consists of Jo Robinson from Jail Health Services, Carolyn Kaufman from Mobile Crisis, Helynna Brooke from the Mental Health Board, and Mike Sullivan, the ADA officer for the Police Department.

There is an excellent working partnership between Community Mental Health Services and the Police Department on this project. The last training took place this past May and was received with enthusiasm and rated very highly by the officers.

Single Point of Responsibility Programs Study Demonstrates Cost Savings

During 1997, Community Mental Health Services initiated the implementation of three Single Point of Responsibility (SPR) programs to serve high cost mental health consumers with severe mental illnesses. In 1998, Davis Y. Ja and Associates, Inc. was contracted by CMHS to assess the effectiveness of the SPR programs. The previous evaluation report, based on the first two years of follow-up, confirmed what other studies of such programs had shown--that ACT services break even financially in spite of higher initial service costs - while allowing clients to have less time in locked 24-hour care.

The most recent evaluation report has just been completed and these 3-year follow-up findings are beginning to show cost savings, with ACT clients significantly lower in total overall mental health service cost in the latter months of the third year after adjusting for baseline differences between the groups. In addition, days in locked 24-hour care and use of emergency services both continue to show steady reductions. A final report on four-year follow-up data will be completed this fall.

Substance Abuse Services

Behavioral Health Planning Committee Health Fair

The Behavioral Health Planning Committee is made up of service providers representing a number of Department of Public Health divisions, including mental health, substance abuse and primary care. The committee is charged with promoting awareness of linguistically and culturally appropriate services to the Latino community.

For the last two years, the Latino Behavioral Health Awareness Week activities have been very successful in involving a wide range of providers serving the Latino community. This year's Health Fair, held September 22, 2001, involved over 40 community organizations, which provided health education, screenings, substance abuse information and referrals, community open houses and legal services.

Proposition 36 Update

Proposition 36[1], which took effect July 1, is proceeding on course. As of September 18th, 2001, there were 38 referrals to the Treatment Access Program. Of these, 21 have been assessed and eight of those clients are in treatment programs. These enrollment rates are lower than expected and very low in comparison to some counties, such as Sacramento and Santa Clara, which have several hundred defendants assessed and referred to treatment.

Preparations are beginning for the next stage of treatment expansion. It is expected that the current treatment resources will be sufficient through the spring of 2002, at which point additional services will be contracted through an RFP process. The focus at that point will be to increase dual diagnosis treatment capacity, as well as residential and intensive outpatient treatment.

The Department is in contact with both the UCLA evaluation program staff and the Lindesmith Drug Policy Foundation, and is getting a clearer understanding of the evaluation plans.

The process for arranging the first stage of ancillary services is almost complete. There will be three contracts: Goodwill Industries (Job Skills / Employment Training), Episcopal Community Services (Basic Literacy) and the PREP Program (Basic Literacy and Skills Training). Given the slow start up period and the current pace of growth – this initial set of ancillary contracts should be adequate for six months. Additional ancillary contracts may be contracted closer to month nine of year one.

Commissioners' Comments

- Commissioner Guy thanked staff for its response to the September 11th terrorist attacks. She asked Gene O'Connell to address the security steps that were taken at San Francisco General Hospital. Ms. O'Connell responded that measures included establishing limited entry points into the hospital, ensuring that all staff wore their photo ID badges, verifying appointments for all outpatients coming into the hospital, and verifying names of patients for incoming visitors. No patients were denied access. The security measures resulted in decreased incidents of violence. Ms. O'Connell said that due to the overwhelming response from staff, it was decided to keep the hospital and campus security measures in place until further notice.

---

[1] Proposition 36 calls for drug-treatment services as an alternative to incarceration for all first- and second-time nonviolent drug offenders. The initiative does not apply to those caught distributing or selling drugs.

- Commissioner Chow asked staff to provide him information about the process by which physicians throughout the city are notified, during an emergency, that they should be prepared to provide medical services.

4) FISCAL YEAR 2001-02 BUDGET UPDATE

(Monique Zmuda, CHN Chief Financial Officer)

Monique Zmuda presented the Committee with a proposed Joint Conference Committee Financial Reporting Scheduled for Fiscal Year 2001-2002. Ms. Zmuda then presented an overview of the Fiscal Year 2001-2002 budget (Attachment A).

Larry Doyle continued the report by describing the revenues and expenditures for the Population Health and Prevention Division (Attachment B). Gregg Sass gave a financial overview of Primary Care Clinics, Health and Home, and Jail Health Services (Attachment C).

Commissioners' Comments

- Commissioner Chow requested that the next financial report examine the reason that Primary Care revenues are so low.

5) MENTAL HEALTH ANNUAL REPORT

(Jo Ruffin, LCSW, Director of Community Mental Health Services)

Jo Ruffin presented the Fiscal Year 2000-2001 Annual Report for Community Mental Health Services. Ms. Ruffin thanked Community Mental Health staff, including Louise Rogers, Dr. Bob Cabaj, and Dr. Bill McConnell, for their work to develop the report. Ms. Ruffin also acknowledges the community partners that were at the meeting, Steven Fields from Progress Foundation and Richard Heasley from the San Francisco Mental Health Contractors Association.

Ms. Rogers continued with a power point presentation (Attachment D).

Commissioners' Comments

- Commissioner Guy asked if the primary clinics were involved in the partnerships in the Western Addition and Bayview Hunters Point. Ms. Rogers responded that they were involved. Commissioner Guy then asked Ms. Ruffin to include financial information about the programs at San Francisco General Hospital, including the Mental Health Rehabilitation Facility and Psychiatric Emergency Services (PES), in the presentation to the Health Commission.

- Commissioner Chow asked staff to explain the difference between an acute diversion unit and PES. Steve Fields from Progress Foundation responded that people only go to an acute diversion unit voluntarily, while PES can be on an involuntary basis. Commissioner Chow then asked staff to include in the report to the Health Commission a breakdown of services to ethnic populations and compare this to the number of services three years ago.

6) CURRENT ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Ols

Michele M. Olson
Health Commission Secretary

Attachments (4)

Department of Public Health
FY 01-02 Budget
Revenues By Source

	Community Health Network	Population Health & Prevention	Total	Percent
City General Fund	$ 196,419,750	$ 110,004,094	$ 306,423,844	31%
Medi-Cal	209,272,970	41,680,177	250,953,147	26%
State Realignment	61,112,800	78,595,692	139,708,492	14%
Grants	639,035	76,732,420	77,371,455	8%
Medicare	58,335,227	601,000	58,936,227	6%
Patient Revenues	26,317,926	332,020	26,649,946	3%
Other State	3,422,514	36,273,827	39,696,341	4%
Fees/Recovery/Miscellaneous	20,124,872	24,049,714	44,174,586	4%
Special Revenue	29,646,297	8,565,437	38,211,734	4%
Total DPH	**$ 605,291,391**	**$ 376,834,381**	**$ 982,125,772**	**100%**

Source: Annual Appropriation Ordinance (AAO) .

Note:

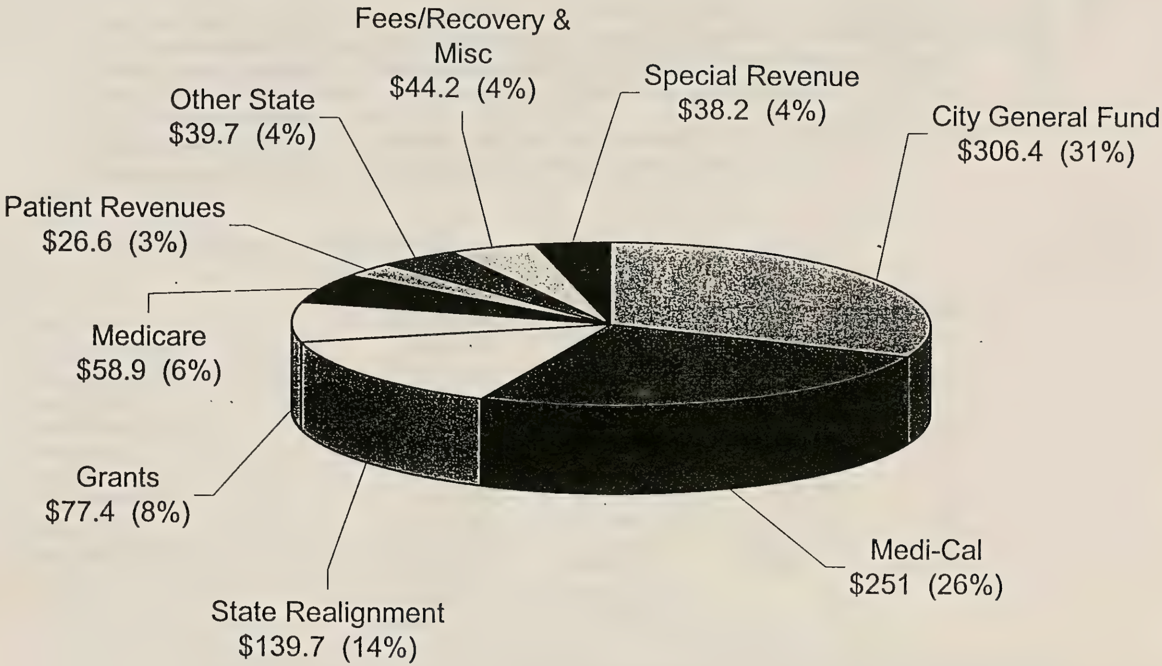
1. Medi-Cal (CHN) adjusted to exclude SB855 IGT payment of $98,224,658.
2. Patient Revenues includes self-pay, other third party, and capitated fees/health plan settlements, and reductions to revenue due to bad debt.
3. Fees/Recovery/Miscellaneous includes Fees, Workorder Recovery, miscellaneous revenues.
4. Special Revenue includes: LHH Replacement ($28,546,297), LHH Earthquake Safety ($100,000), SFGH Master Planning ($1,000,000), PHP Tobacco Settlement ($1,000,000), Proposition 36 ($6,671,376), Emergency Medical Services ($507,987), other PHP Projects ($386,074).

Department of Public Health

Sources of Revenue

FY 01-02 Budget

$982.1 million



Source: Annual Appropriation Ordinance

Department of Public Health
FY 01-02 Budget
Expenditures

	Community Health Network	Population Health & Prevention	Total	Percent
Salaries & Fringe Benefits	$ 374,804,105	$ 81,269,980	$ 456,074,085	46%
Contractual & Non-Personal Services	$ 102,770,953	$ 166,554,697	$ 269,325,650	27%
Materials & Supplies	50,659,704	4,046,216	54,705,920	6%
Equipment	3,880,930	715,384	4,596,314	0%
Facilities Maintenance & Capital	8,304,000	120,000	8,424,000	1%
Services of Other Depts	25,334,135	11,501,154	36,835,289	4%
Work Order	6,252,232	12,939,715	19,191,947	2%
Grant	639,035	76,732,420	77,371,455	8%
Special Projects	32,646,297	22,954,815	55,601,112	6%
Total DPH	**$ 605,291,391**	**$ 376,834,381**	**$ 982,125,772**	**100%**

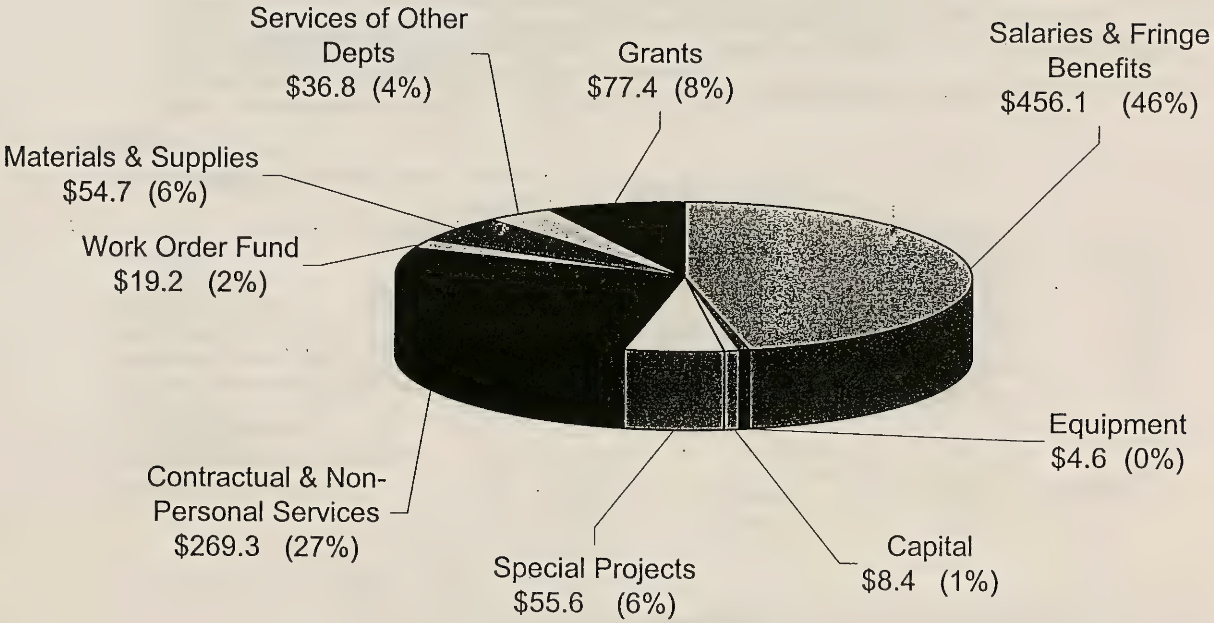
Source: Interim Annual Appropriation Ordinance (AAO)

Notes:

1. Work order expenses are included in the operating budget for SFGH ($8,965,423), LHH ($114,832) and a portion of work order expense for Primary Care ($590,244).
2. Special Projects include: LHH Earthquake Safety project ($100,000), LHH Replacement Project ($28,546,297), SFGH Master Planning ($1,000,000), Children's Health Insurance ($3,000,000), MIS project ($12,126,220), Tobacco Settlement Project ($1,000,000), PHP Prop 99/AB75/EMSA project ($2,089,975), Proposition 36 ($6,671,376), Emergency Medical Services ($507,987), Other PHP Projects ($386,074)
3. Contractual & Non-Personal Services for PHP excludes SB855 IGT payment of $98,224,658 (departmental transfer adjustment).

Department of Public Health

Expenditures
FY 01-02 Budget
$982.1 Million



Source: Annual Appropriation Ordinance

Attachment A
Page 4 of 7

Department of Public Health
FY01-02 Budget
Expenditures by Division

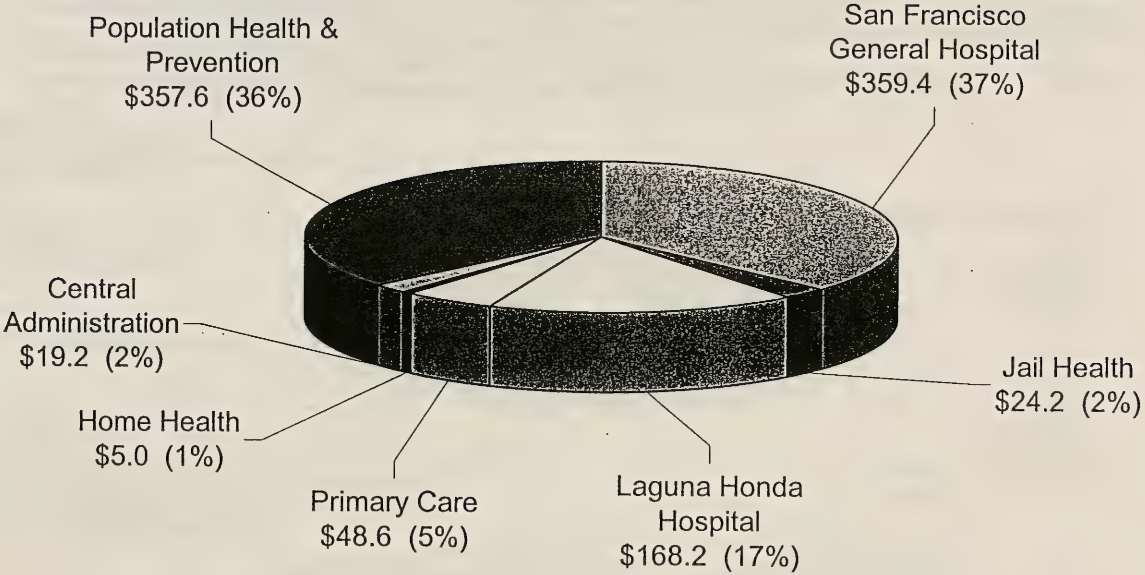
	Operating Including Project	Work Order Fund	Grants	Special Revenue Projects	Special Capital Projects	Total	Total FTE's
Community Health Network							
San Francisco General Hospital	$ 358,353,623	$ -	$ -	$ -	$ 1,000,000	$ 359,353,623	2,563.0
Laguna Honda Hospital	139,505,332	-	-	-	28,646,297	168,151,629	1,517.0
Primary Care	42,719,912	5,214,992	639,035	-	-	48,573,939	459.1
Home Health	4,993,787	-				4,993,787	58.9
Jail Health Services	23,181,173	1,037,240	-	-	-	24,218,413	206.8
Subtotal	$ 568,753,827	$ 6,252,232	$ 639,035	$ -	$ 29,646,297	$ 605,291,391	4,804.9
Population Health & Prevention							
Central Administration	$ 18,689,264	$ -	$ 510,289	$ -	$ -	$ 19,199,553	85.6
PHP	259,907,545	12,939,715	76,222,131	8,565,437	-	357,634,828	1,302.0
Subtotal	$ 278,596,809	$ 12,939,715	$ 76,732,420	$ 8,565,437	$ -	$ 376,834,381	1,387.6
Total DPH	**$ 847,350,636**	**$ 19,191,947**	**$ 77,371,455**	**$ 8,565,437**	**$ 29,646,297**	**$ 982,125,772**	**6,192.4**

Source:Annual Appropriation Ordinance (AAO)

Notes:

1. Work order expenses are included in the operating budget for SFGH ($8,965,423), LHH ($114,832) and a portion of work order expense for Primary Care ($590,244).
2. Special Revenue projects are Prop 36 ($6,671,376), Tobacco Settlement/Prevention ($1,000,000), Emergency Medical Services ($507,987), Vital & Health Statistics ($120,917), DUI - First Offender Program ($111,945), and AB286 ($153,212)
3. Special Capital Projects are SFGH Master Planning/EQS ($1,000,000) and LHH SB1953 Corrections ($100,000) and LHH Replacement Project ($28,546,297) -Tobacco Settlement. MIS project is included in the operating budget.
4. Central Administration excludes SB855 IGT payment of $98,224,658 (departmental transfer adjustment).
5. FTE's are total from all funds (operating, project, grant & work order funds).

Department of Public Health
Expenditures By Division
FY 01-02 Budget
$982.1 Million



Source: Annual Appropriation Ordinance

Department of Public Health
General Fund Contribution
FY 01-02 Budget

	Revenues	Expenditures	General Fund
Population Health & Prevention (HPH)			
Operating Budget			
Central Administration	$ 7,224,894	$ 18,629,264	$ 11,404,370
PHP - Community Health	38,084,916	79,677,782	41,592,866
PHP - Mental Health	103,471,343	127,774,846	24,303,503
PHP - Substance Abuse	19,811,562	52,514,917	32,703,355
Subtotal - Operating Budget	**168,592,715**	**278,596,809**	**110,004,094**
Special Revenue/Work Order Fund & Grant	98,237,572	98,237,572	0
Total Population Health & Prevention	**$ 266,830,287**	**$ 376,834,381**	**$ 110,004,094**
Community Health Network (HCN)			
Operating Budget			
San Francisco General Hospital	262,108,955	358,353,623	96,244,668
Laguna Honda Hospital	100,054,603	139,505,332	39,450,729
Jail Health	25,000	23,181,173	23,156,173
Primary Care	8,757,248	42,719,912	33,962,664
Health at Home	1,388,271	4,993,787	3,605,516
Subtotal - Operating Budget	**372,334,077**	**568,753,827**	**196,419,750**
Special Revenue/Work Order Fund & Grant	36,537,564	36,537,564	0
Total Community Health Network	**$ 408,871,641**	**$ 605,291,391**	**$ 196,419,750**
Total Department of Public Health	**$ 675,701,928**	**$ 982,125,772**	**$ 306,423,844**

Source: Annual Appropriation Ordinance and BPREP Phase D.

Note: 1. Central Administration and SFGH revenue are net revenue that excludes SB855 IGT payment of $98,224,658.
2. Work order expenses are included in the operating budget for SFGH ($8,965,423), LHH ($114,832) and a portion of work order expenses for Primary Care ($590,244).

DPH-Population Health & Prevention
Analysis of FY 2001-2002 Baseline Budget (Phase D dated 8/8/01)
(in thousands)

	Total	Housing	MH	SA	Comments
FY 00-01 Expenditures	**188,604**	**5,528**	**133,758**	**49,318**	
FY 01-02 Expenditures	**205,554**	**8,541**	**144,558**	**52,455**	
Increase	**16,950**	**3,013**	**10,800**	**3,137**	
FY 01-02 Exp Changes					
Deletion of One-Time Costs	(1,460)	(695)	(305)	(460)	Deletion of FY 00/01 One-Time Costs
Supplementals	2,730	250	2,480	0	Housing $250K, AB2034 $2.48M
Salary/Positions Changes	3,686	415	2,849	422	FY 01/02 Salary MOU's, & position changes
Contractors' 2 % COLA	2,446	79	1,396	971	
MH Contract Svcs Increases	2,101	0	2,101	0	$1.2M HIV Svcs, $563K Washburn/Dolores; <$100K> FMP, $497K FFP, <$80K>Witness Victim; $25K maintenance
SA Contract Svcs Increases	1,488	0	0	1,488	$100K Methadone, $110K African American, $670K Prop 36 MCal, $588K Drug Testing, $20K misc ct
Other Transfers to/fr CHN	1,223	1,093	130	0	Housing $900K+$193,045 Baker Pl, MH $129,606
Other Transfers in PHP	338	368	(15)	(15)	$338K Urban Hlth to HUH; $15K MH & $15K SA to HUH
Rent Increases	969	35	734	199	Funded by Realignment
Misc Adjustments	927	0	754	173	$242K DTIS, $575K eqpmt; $200K pos/cts Job Corps; <$90K> AARS
Mayor's Addbacks	1,250	700	200	350	[Housing: $250K Mission SRO, $250K Chinatown SRO, $200K Queer Yth], [MH: $100K MH Parent Helpline, $100 Crisis Resid Team], [SA: $200K TOD African, $25K TOD Samoan, $100K TOD Spanish, $25K TOD Dual Diagnosis
Board One-Time Additions	1,332	767	515	50	[Housing: $200K Ark House, $200K Central City SRO, $367K SFAF], [MH: $100K Family Links Childrens, $100K Job Training Mentally Ill, $100K Drop-In Clinic, $140K RAMS, $75K New Leaf], [SA: $50K Walden House]
Board Cuts	(79)	0	(39)	(41)	Reduction of salaries & fringes
Total Exp Changes	**16,950**	**3,013**	**10,800**	**3,137**	

FY 00-01 Revenues	**116,176**	**0**	**98,097**	**18,079**	
FY 01-02 Revenues	**123,283**	**0**	**103,471**	**19,812**	
Increase	**7,107**	**0**	**5,374**	**1,733**	
FY 01-02 Rev Changes					
Realignment	900	0	900	0	
MH Revenues	2,394	0	2,394	0	FFP MCal $197,396; SB90 $300K; HIV $1.2M; $497K misc; $200K EPSDT
MH AB2034	2,480	0	2,480	0	
MH MediCare	(400)	0	(400)	0	
SA Revenues	1,733	0	0	1,733	$670K Mcal; $475K Misc Rev; $588,021 State Alcohol
Total Rev Changes	**7,107**	**0**	**5,374**	**1,733**	

FY 00-01 General Fund	**72,429**	**5,528**	**35,661**	**31,240**	
FY 01-02 General Fund	**82,271**	**8,541**	**41,087**	**32,643**	
Increase	**9,842**	**3,013**	**5,426**	**1,403**	

Attachment B
Page 1 of 1

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
FY01-02 vs. FY00-01 Budget and Actual
(In Thousands of Dollars)

	Annual Budgets				Budget Versus YTD Actual			
	This Year's Budget	Last Year's Budget	Difference		This Year's Budget	Last Year's YTD Actual	Difference	
				GROSS PATIENT REVENUE:				
1	4,785	3,794	991	Medi-Cal Revenue	4,785	4,373	412	1
2	1,800	1,329	471	Medicare Revenue	1,800	2,040	(240)	2
3	6,500	5,700	800	Other Revenue	6,500	7,241	(741)	3
4								4
5	13,085	10,823	2,262	TOTAL GROSS PATIENT SERVICE REVENUE	13,085	13,654	(569)	5
6								6
7				REVENUE DEDUCTIONS:				7
8	700	(600)	(1,300)	Medi-Cal Revenue	700	1,180	480	8
9	626	600	(26)	Medicare Revenue	626	853	227	9
10	5,700	5,430	(270)	Other Revenue	5,700	5,937	237	10
11	1,200	1,238	38	Provision for Bad Debt	1,200	1,206	6	11
12	8,226	6,668	(1,558)	TOTAL REVENUE DEDUCTIONS	8,226	9,176	950	12
13								13
14	4,859	4,155	704	NET PATIENT SERVICE REVENUE	4,859	4,478	381	14
15								15
16				OTHER OPERATING REVENUE:				16
17	744	744	-	Capitation	744	700	44	17
18	-	-	-	Prior Year Settlement	-	(193)	193	18
19	-	-	-	Carryforward	-	-	-	19
20	1,399	1,382	17	TCM and Other Net Patient Revenue	1,399	1,623	(224)	20
21	2,143	2,126	17	TOTAL OTHER OPERATING REVENUE	2,143	2,130	13	21
22								22
23	7,002	6,281	721	TOTAL OPERATING REVENUE	7,002	6,608	394	23
24								24
25				OPERATING EXPENSES:				25
26	30,022	27,783	(2,239)	Personnel Services	30,022	27,153	(2,869)	26
27	6,613	6,231	(382)	Mandatory Fringe Benefits	6,613	6,567	(46)	27
28	3,526	4,706	1,180	Contractual Services	3,526	3,217	(309)	28
29	1,062	1,322	260	Materials and Supplies (excl. Pharmaceuticals)	1,062	1,541	479	29
30	400	553	153	Pharmaceuticals	400	390	(10)	30
31	5,971	1,315	(4,656)	Facilities Maint. & Capital Outlay	5,971	1,628	(4,343)	31
32	1,041	1,002	(39)	Services of Other Departments	1,041	1,144	103	32
33	(5,215)	(6,632)	(1,417)	Expenditure Recovery	(5,215)	(4,438)	777	33
34	-	-	0	Others	-	-	0	34
35	43,420	36,280	(7,140)	TOTAL OPERATING EXPENSES	43,420	37,202	(6,218)	35
36								36
37	(36,418)	(29,999)	(6,419)	OPERATING INCOME/(LOSS)	(36,418)	(30,594)	(5,824)	37
38								38
39				NON-OPERATING REVENUE:				39
40	35,253	29,988	5,265	General Fund	35,253	29,988	5,265	40
41	1,165	11	1,154	Miscellaneous	1,165	54	1,111	41
42	36,418	29,999	6,419	TOTAL NON-OPERATING REVENUE	36,418	30,042	6,376	42
43								43
44	-	-	0	NET INCOME/(LOSS)	-	(552)	552	44

HEALTH AT HOME
STATEMENT OF REVENUE AND EXPENSES
FY01-02 vs. FY00-01 Budget and Actual
(In Thousands of Dollars)

	Annual Budgets				Budget Versus YTD Actual		
	This Year's Budget	Last Year's Budget	Difference		This Year's Budget	Last Year's YTD Actual	Difference
1				NET PATIENT SERVICE REVENUE:			
2	596	391	205	Medi-Cal Revenue	596	261	335
3	763	763	0	Medicare Revenue	763	677	86
4	0	0	0	Other Revenue	0	0	0
5	1,359	1,154	205	TOTAL NET PATIENT SERVICE REVENUE	1,359	938	421
6							
7				OTHER OPERATING REVENUE:			
8	30	30	0	Other Net Patient Revenue	30	32	(2)
9							
10	30	30	0	TOTAL OTHER OPERATING REVENUE	30	32	(2)
11							
12	1,389	1,184	205	TOTAL OPERATING REVENUE (cash basis)	1,389	970	419
13							
14				OPERATING EXPENSES:			
15	3,560	3,300	(260)	Personnel Services	3,560	2,859	(701)
16	782	694	(88)	Mandatory Fringe Benefits	782	697	(85)
17	377	408	31	Contractual Services	377	175	(202)
18	185	189	4	Materials and Supplies (Excl. Pharmaceuticals)	185	87	(98)
19	9	7	(2)	Pharmaceuticals	9	8	(1)
20	44	0	(44)	Facilities Maint. & Capital Outlay	44	0	(44)
21	35	35	0	Services of Other Departments	35	40	5
22	(588)	(590)	(2)	Expenditure Recovery	(588)	(435)	153
23	0	0	0	Other	0	0	0
24	4,404	4,043	(361)	TOTAL OPERATING EXPENSES	4,404	3,431	(973)
25							
26	(3,015)	(2,859)	(156)	OPERATING INCOME/(LOSS)	(3,015)	(2,461)	(554)
27							
28				NON-OPERATING REVENUE:			
29	3,015	2,859	156	General Fund	3,015	2,859	156
30	0	0	0	Miscellaneous	0	0	0
31	3,015	2,859	156	TOTAL NON-OPERATING REVENUE	3,015	2,859	156
32							
33	0	0	0	NET INCOME/(LOSS)	0	398	(398)

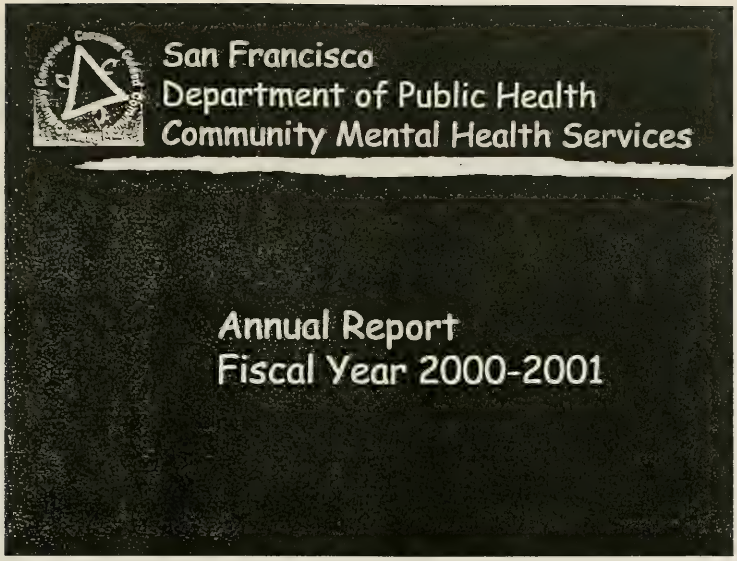
JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES

FY01-02 vs. FY00-01 Budget and Actual

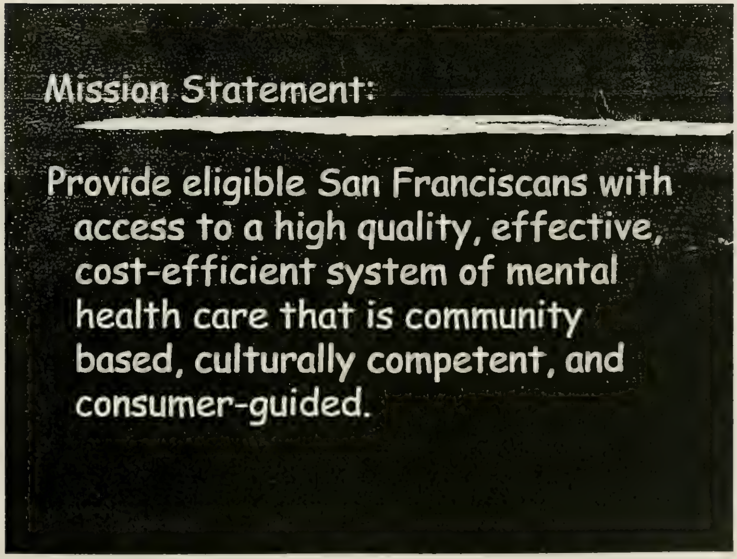
(In Thousands of Dollars)

Annual Budgets				Budget Versus YTD Actual			
This Year's Budget	Last Year's Budget	Difference		This Year's Budget	Last Year's YTD Actual	Difference	
			OPERATING EXPENSES:				1
14,509	13,654	(855)	Personnel Services	14,509	14,711	202	2
2,593	2,397	(196)	Mandatory Fringe Benefits	2,593	2,842	249	3
4,732	4,189	(543)	Contractual Services	4,732	3,951	(781)	4
975	909	(66)	Materials and Supplies (Excl. Pharmaceuticals)	975	546	(429)	5
786	521	(265)	Pharmaceuticals	786	720	(66)	6
60	0	(60)	Facilities Maint. & Capital Outlay	60	0	(60)	7
563	585	22	Services of Other Departments	563	636	73	8
(1,037)	(746)	291	Expenditure Recovery	(1,037)	(606)	431	9
0	0	0	Other	0	0	0	10
							11
23,181	21,509	(1,672)	TOTAL OPERATING EXPENSES	23,181	22,800	(381)	12
							13
(23,181)	(21,509)	(1,672)	OPERATING INCOME/(LOSS)	(23,181)	(22,800)	(381)	14
							15
			NON-OPERATING REVENUE:				16
23,156	21,484	1,672	General Fund	23,156	21,484	1,672	17
25	25	0	Miscellaneous	25	27	(2)	18
							19
23,181	21,509	1,672	NON-OPERATING REVENUE	23,181	21,511	1,670	20
							21
0	0	0	NET INCOME/(LOSS)	0	(1,289)	1,289	22



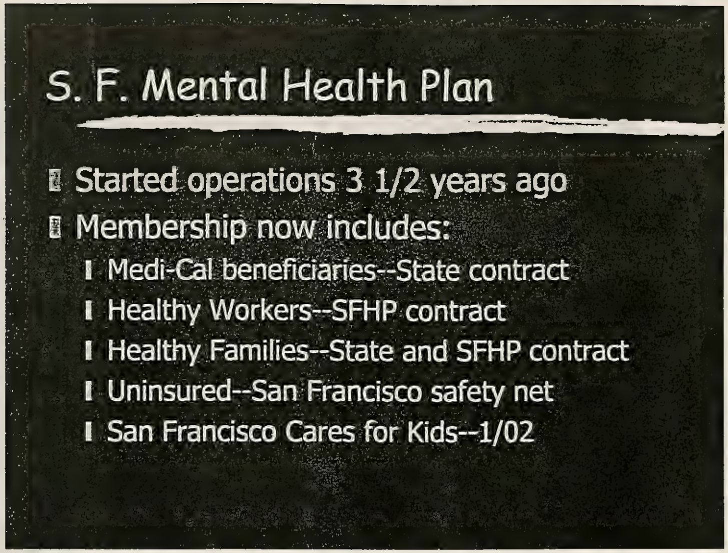
San Francisco
Department of Public Health
Community Mental Health Services

Annual Report
Fiscal Year 2000-2001



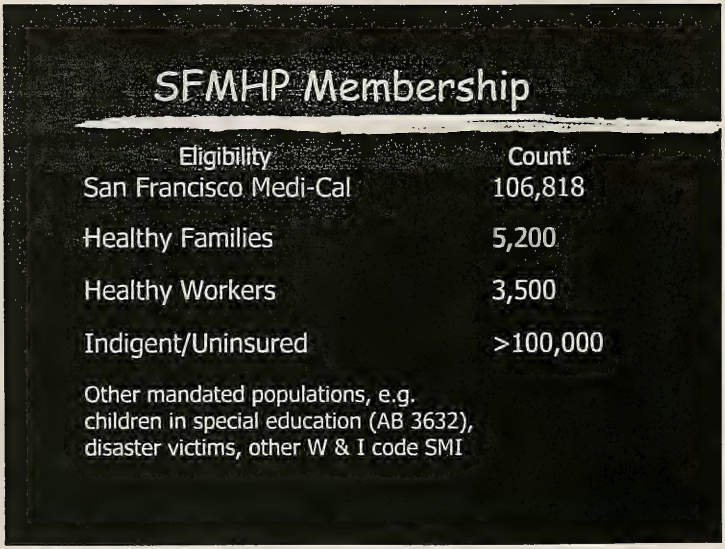
Mission Statement:

Provide eligible San Franciscans with access to a high quality, effective, cost-efficient system of mental health care that is community based, culturally competent, and consumer-guided.



S. F. Mental Health Plan

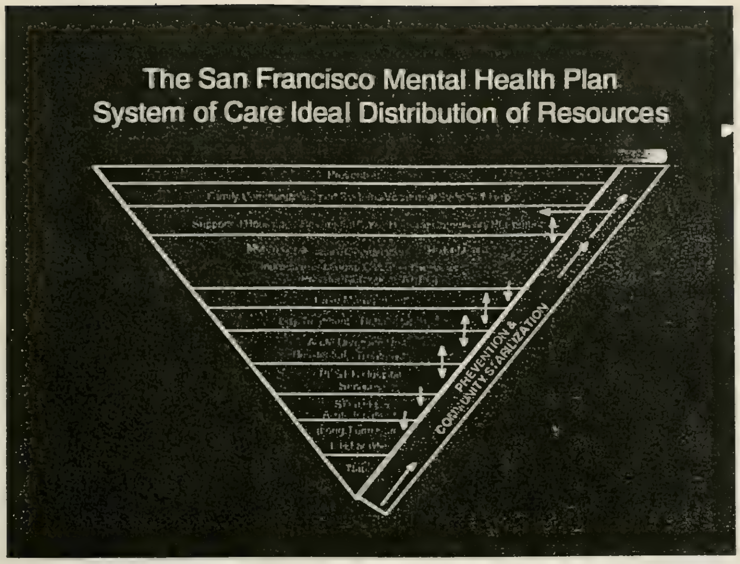
- Started operations 3 1/2 years ago
- Membership now includes:
  - Medi-Cal beneficiaries--State contract
  - Healthy Workers--SFHP contract
  - Healthy Families--State and SFHP contract
  - Uninsured--San Francisco safety net
  - San Francisco Cares for Kids--1/02



SFMHP Membership

Eligibility	Count
San Francisco Medi-Cal	106,818
Healthy Families	5,200
Healthy Workers	3,500
Indigent/Uninsured	>100,000

Other mandated populations, e.g.
children in special education (AB 3632),
disaster victims, other W & I code SMI



The San Francisco Mental Health Plan System of Care Ideal Distribution of Resources

DPH Strategic Plan Goals

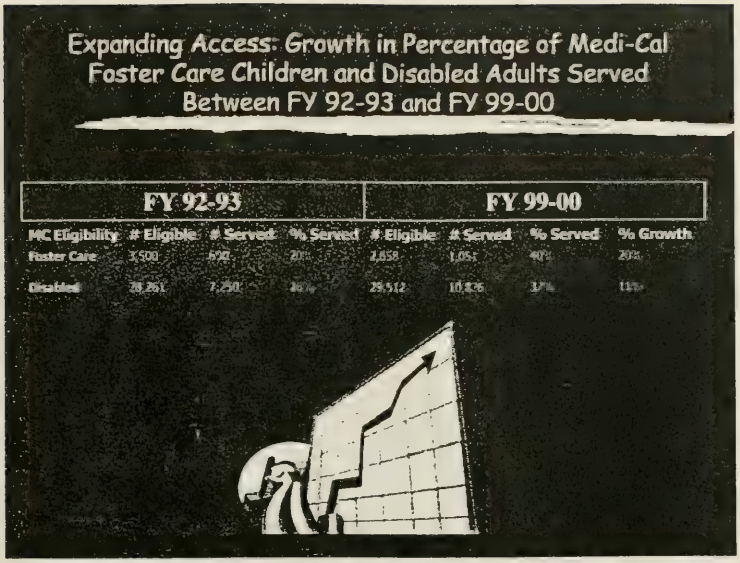
- Expand Access to Mental Health Care
- Expand Community Based Alternatives--Decrease Need for Institutional Care
- Improve Integration of Services for Individuals who Need Multiple Services
- Strengthen Prevention Activities
- Create and Sustain Community Partnerships
- Maximize Resources and Strengthen Infrastructure by investing in staff recruitment, retention and training

Expanding Access: Growth in MHP Caseload FY 94-95 to FY 99-00

Clients	Clients FY 94-95	Clients FY 99-00	% Change
Adults (19 and over)	12,382	17,005	37%
Children/Youth	3,256	4,674	44%
Total Clients	15,638	21,679	39%

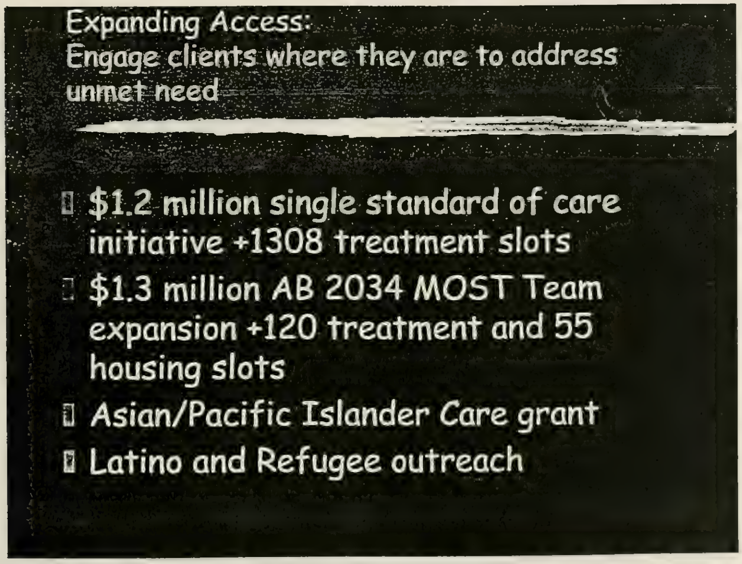
Expanding Access: Growth in Medi-Cal, Uninsured, and Insured Clients Served FY 94-95 to FY99-00

Client Eligibility	Clients FY 94-95	Clients FY 99-00	% Growth
Medi-Cal	4,213	6,902	64%
Medi-Cal w/Other Coverage	2,849	3,124	10%
Uninsured	6,650	9,369	41%
Other Insurance	1,926	2,284	19%
Total	15,368	21,679	39%



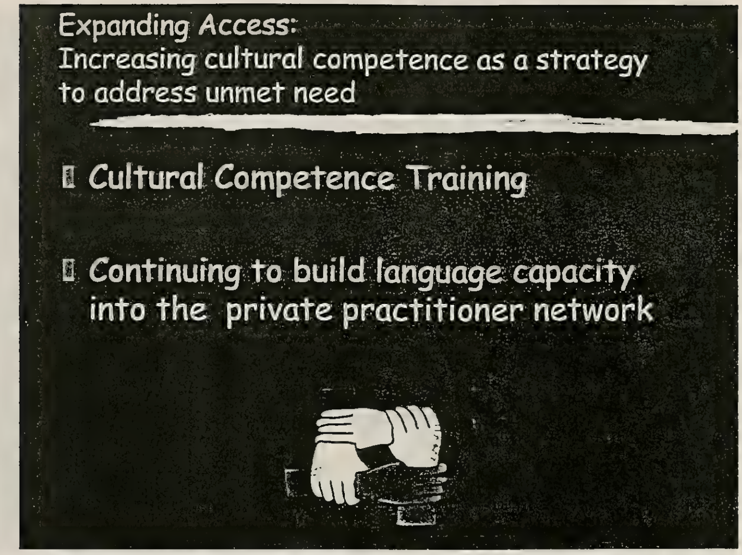
Expanding Access: Growth in Percentage of Medi-Cal Foster Care Children and Disabled Adults Served Between FY 92-93 and FY 99-00

	FY 92-93			FY 99-00			
MC Eligibility	# Eligible	# Served	% Served	# Eligible	# Served	% Served	% Growth
Foster Care	3,500	692	20%	2,658	1,051	40%	20%
Disabled	28,261	7,250	26%	29,512	10,826	37%	11%



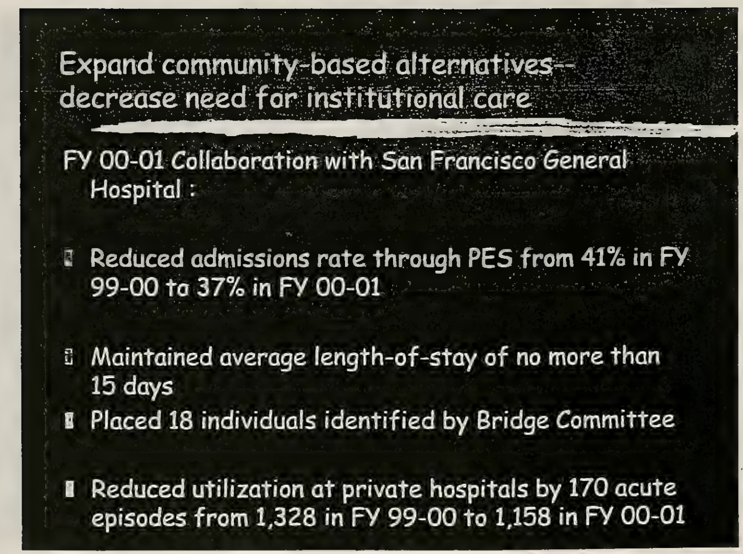
Expanding Access:
Engage clients where they are to address unmet need

- $1.2 million single standard of care initiative +1308 treatment slots
- $1.3 million AB 2034 MOST Team expansion +120 treatment and 55 housing slots
- Asian/Pacific Islander Care grant
- Latino and Refugee outreach



Expanding Access:
Increasing cultural competence as a strategy to address unmet need

- Cultural Competence Training
- Continuing to build language capacity into the private practitioner network



Expand community-based alternatives--decrease need for institutional care

FY 00-01 Collaboration with San Francisco General Hospital :

- Reduced admissions rate through PES from 41% in FY 99-00 to 37% in FY 00-01
- Maintained average length-of-stay of no more than 15 days
- Placed 18 individuals identified by Bridge Committee
- Reduced utilization at private hospitals by 170 acute episodes from 1,328 in FY 99-00 to 1,158 in FY 00-01

Expand community-based alternatives--decrease need for institutional care

Increase Intensive Case Management:

- $2.3 million AB 2034 Integrated Services for 120 Homeless Individuals (includes housing)

- $834,357 Project Impact

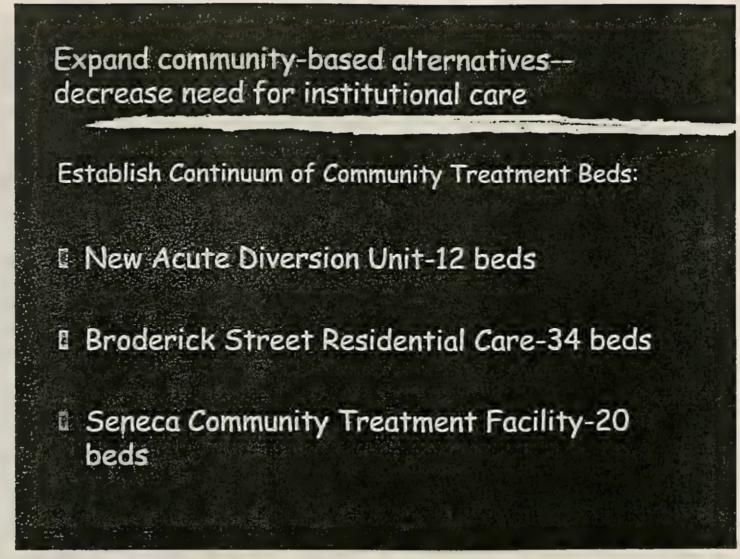
for wrap-around services for 300 probation involved youth ages 14-28

- Therapeutic Behavioral Services for 50 children/youth

Expand community-based alternatives--decrease need for institutional care

Establish a Continuum of Community Treatment Beds

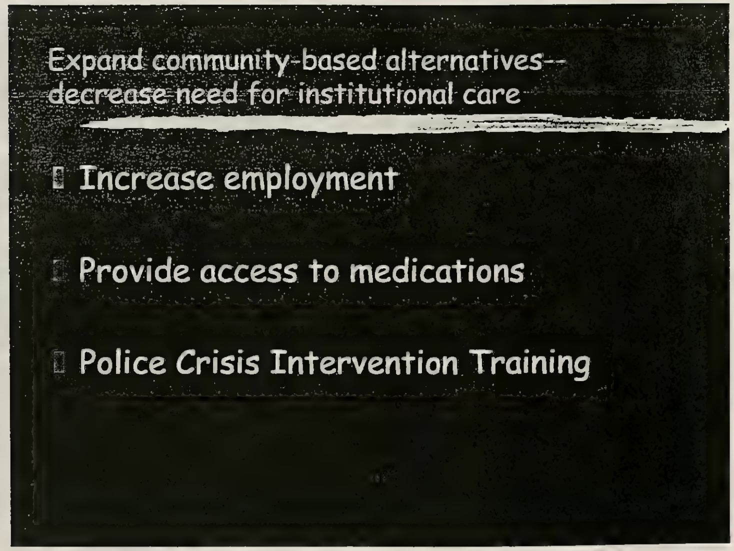
Level of Care	FY 97-98 Beds	FY00-01 Beds	% Change
State Hospital*	42	42	0
IMD/SNF	311	326	5%
Acute Hospital	128	120	-6%
Residential Care	558	588 (+12 FY 01-02)	8%
Acute Diversion	28	40	43%
Residential	155	155	0
Coops	296	300	1%
Support Hotels	360	360	0



Expand community-based alternatives--decrease need for institutional care

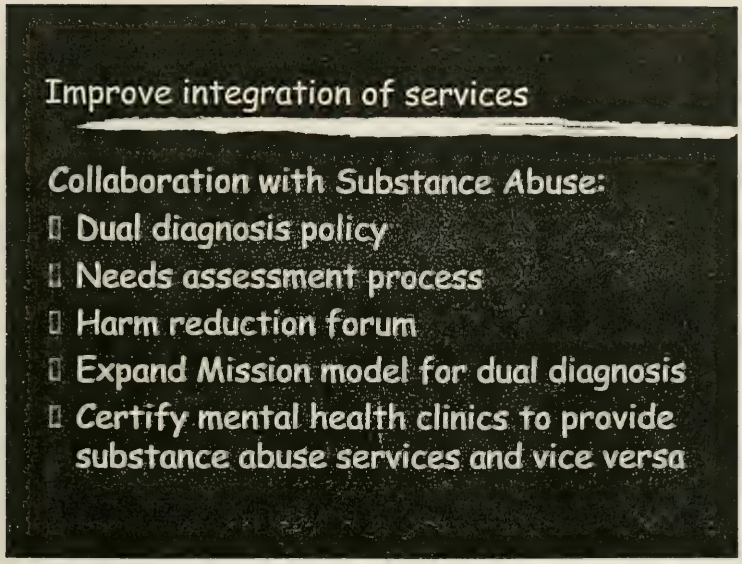
Establish Continuum of Community Treatment Beds:

- New Acute Diversion Unit-12 beds
- Broderick Street Residential Care-34 beds
- Seneca Community Treatment Facility-20 beds



Expand community-based alternatives--decrease need for institutional care

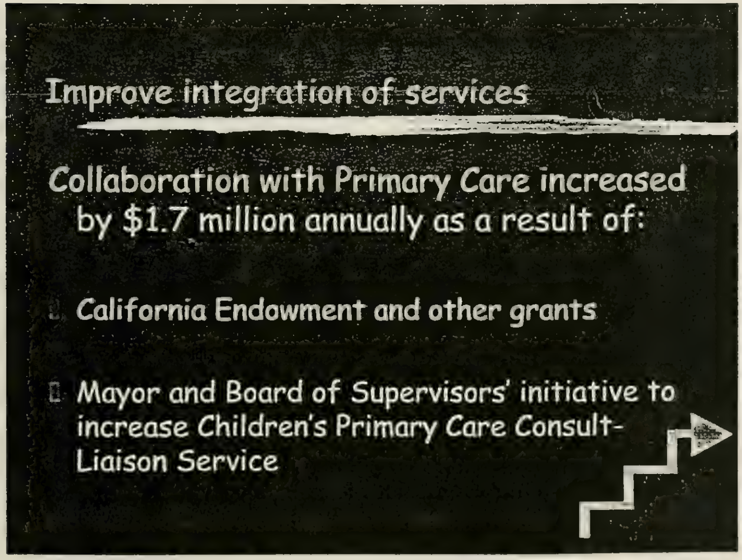
- Increase employment
- Provide access to medications
- Police Crisis Intervention Training



Improve integration of services

Collaboration with Substance Abuse:

- Dual diagnosis policy
- Needs assessment process
- Harm reduction forum
- Expand Mission model for dual diagnosis
- Certify mental health clinics to provide substance abuse services and vice versa



Improve integration of services

Collaboration with Primary Care increased by $1.7 million annually as a result of:

- California Endowment and other grants
- Mayor and Board of Supervisors' initiative to increase Children's Primary Care Consult-Liaison Service

Strengthen Prevention Activities

- Child Care Mental Health Initiative
- Pilipino Family Strengthening grant
- Depression Screening
- High School Wellness
- Family Links Phone Line
- Suicide prevention protocol

Create and sustain partnerships with communities

- Response to violence and other crises in communities, e.g.
  - -crisis counseling and debriefing
  - -activities in Western Addition and Bayview Hunters Point
  - -Family Involvement Team
- Mental Health Plan Ombudsman and Consumer Council
- Recovery Principles

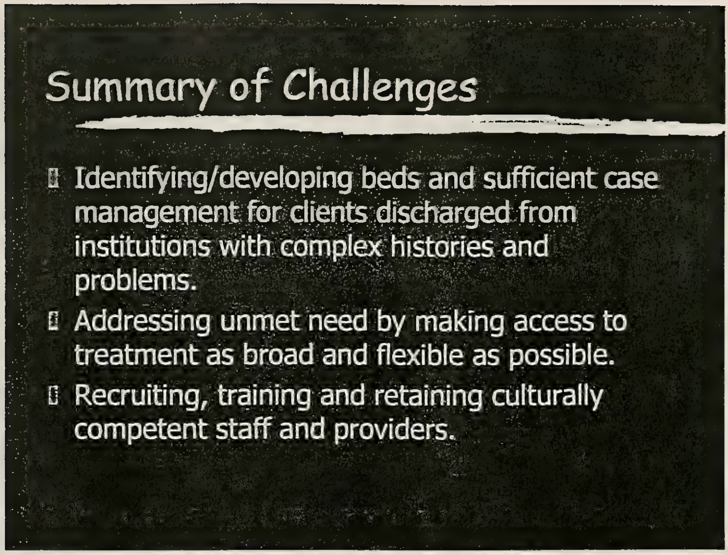
Maximize Resources and Strengthen Infrastructure

Invest in staff recruitment, retention, and training:

- Psychiatry residents
- Multicultural student stipends
- Training

Summary of Challenges

- Increasing access and prevention activities for large covered population, while still managing institutional risk for smaller SMI and SED population.
- Expanding continuum of community treatment bed alternatives to institutional care, despite high housing costs and barriers to siting new facilities.



Summary of Challenges

- Identifying/developing beds and sufficient case management for clients discharged from institutions with complex histories and problems.
- Addressing unmet need by making access to treatment as broad and flexible as possible.
- Recruiting, training and retaining culturally competent staff and providers.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. **(415) 554-2666**
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Web Site: ***http://www.dph.sf.ca.us***
e-mail: ***health_commission@ci.sf.ca.us***

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, October 23, 2001
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF SEPTEMBER 25, 2001**
**Minutes for September 25, 2001*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **FIRST QUARTER FINANCIAL REPORT**
(Gregg Sass, CHN Chief Financial Officer)
**Update*

5) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REBUILD UPDATE**
(Larry Funk, LHH Executive Director)
**Update*

6) **FOR DISCUSSION:** **SUBSTANCE ABUSE UPDATE: HEROIN**
(Barbara Garcia, Deputy Director, Community Health Programs,
Community Health Network)

7) **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, October 23, 2001
3:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting of the Community Health Network Joint Conference Committee was called to order by Commissioner Edward A. Chow, M.D., at 3:20 p.m.

Present:	Commissioner Edward A. Chow, M.D., Chairperson
Absent:	Commissioner Roma P. Guy, M.S.W.
Staff:	Josh Bamberger, M.D., Mildred Crear, Larry Doyle, Arla Escontrias, Mary Louise Fleming, Larry Funk, Terry Hill, M.D., Judith Klain, Maria X. Martinez, Bill McConnell, Gene O'Connell, David Ofman, M.D., Frank Patt, Gregg Sass, Jim Stillwell, Hiro Tokubo, Marc Trotz, Anthony Wagner, Monique Zmuda

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF SEPTEMBER 25, 2001

Action Taken: The Committee approved the minutes of the September 25, 2001 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Tony Wagner, co-secretary for the Community Health Network Joint Conference Committee, presented the Secretary's Report.

Program Updates

SFGHMC Rebuild Update

In March 2001, a preliminary plan was presented for SFGHMC Rebuild in compliance with SB 1953. At that time it was concluded that the Department would not pursue a bond measure for November 2001; instead, planning would continue on various issues. Currently, the Department of Public Health is involved in five processes that are exploring various aspects of the SFGHMC Rebuild.

Redesign of the CHN Registration Eligibility System

The Patient Financial Services office of the CHN has organized a committee that includes SFGH and Primary Care (campus and community clinics) representatives in order to redesign the current registration eligibility system. This includes studying the application of existent technology such as I.D. swipe cards with patient data that could be used when a patient/client presents for services at a clinic, greater utilization of appointment-making staff to do confirmation of demographic patient information on the phone, and pre-registration. The goal is to realize efficiencies in staff utilization and to expedite patient flow in health centers. This process will not address everyone's needs; specifically a substantial number of drop in or walk in patients (around 30% of the Primary Care Network workload) that would not be pre-registered. This committee has been in existence since the Summer 2001.

HIV/AIDS Housing Waitlist Open Enrollment for Youth and Families

On July 1st, Housing and Urban Health (HUH) took over operation of the HIV/AIDS Housing Waitlist (HWL). This is a waitlist of approximately 4,000 people waiting to get into AIDS specific housing. There are currently 1,000 slots of AIDS specific housing in 22 separate programs. The centralized list allows clients to sign up in one place for the next available housing slot rather than be on 22 different waitlists. The list is currently closed to new applicants however in early November there will be an open enrollment for youth and families as the list is running low on these two populations and there are several new projects opening that are targeting these groups.

First System-wide CMHS MD Meeting

The first system-wide CMHS MD meeting took place on Wednesday, October 17th at the Fort Mason Center in San Francisco. The meeting was attended by more than 50 psychiatrists who work in association with CMHS including city and contract agency clinics, Inpatient Services, Mental Health Rehabilitation Facilities, and all City and Contract agency Special Services. The agenda included opening remarks from CMHS Director Jo Ruffin. CMHS Medical Director, Dr. Bob Cabaj also reviewed data from the Pharmacy Benefits Manager covering the costs involved in prescribing medication to clients. The meeting offered a forum for psychiatrists to get to know each other and to help foster a sense of camaraderie and cohesiveness within the mental health services system. The meetings will be held quarterly.

Police Crisis Intervention Training

The San Francisco Police Department successfully completed its second Police Crisis Intervention Training the week of October 1st - 4th. The training was developed by a joint committee of mental health staff, consumers, advocates, and police officers all working together to develop appropriate training for officers to improve the safety and outcomes of their encounters with mentally ill people. It is not designed to make law enforcement officers social workers or diagnosticians, but to give additional tools to use in their jobs. Four additional trainings are planned for next year.

The trainings are being rigorously evaluated in terms of both the officers' own initial evaluation of each training component and then again in a 3-month follow-up in terms of how useful they have found each component in their day-to-day work. The officers' initial ratings for all the components were high for both the first and second sessions. The 3-month follow-up evaluation for the first session found that the ratings remained high for all the components, but also identified some areas for possible improvement.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 39 episodes of diversion for 165 hours representing a rate of 23% in September 2001. This is an 18% decrease in diversion since August 2001.

The 39 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from previous month
Total diversion	37	162	22.5%	15.5%
Trauma over-ride	2	3	0.5%	2.5%

Capacity and high patient acuity during the episodes of total diversion and trauma override impacted the ED. During this time, 186 patients were awaiting admission to in-patient beds (ICU-24 4B/StepDown-74 MedSurg-88). In September of 2000, the ED was on diversion 37% of the month. Trauma Override was invoked 8% of the month in September 2000.

Total diversion was recorded for 37 episodes, a total of 162 hours or a 22.5% rate for September 2001. **Trauma override** was recorded for 2 episodes, a total of 3 hours or a .5% rate for September 2001. This is a 2.5% decrease in trauma override from August 2001. While on Trauma override the ED held 302 patients awaiting inpatient beds.

Policy Issues

Regulation of Narcotic Treatment Programs

Several federal regulatory changes have been implemented in the past year and for California and San Francisco in particular some changes and solutions have uncovered new problems. At the federal level, responsibility for regulation of narcotic treatment programs has been shifted to SAMHSA (Substance Abuse and Mental Health Services Administration) from the FDA (Food and Drug Administration) with the change outlined in the Code of Federal Regulations (CFR 42, part 8, January 17, 2001). New regulations of methadone detox have been problematic for California. Federal guidelines effective May 18, 2001 allow only two detox episodes per patient per clinic per year, but the detox episode may be up to 180 days in length. In California, under Medi-Cal reimbursement regulations (Title 9), a detox episode may not exceed 21 days with a 30 day waiting period between episodes. In San Francisco, a typical patient receives 4-6 episodes annually.

On Sept. 9, 2001, State offices changed Title 9 to match federal regulations, i.e., permitting detoxification episodes of varying length up to 180 days. Two problems arose: the amount of documentation needed to file for authorization to extend treatment beyond 21 days is overwhelming, and the number of clients who may receive services annually in SF will drop. If everyone of the 550 individuals receiving methadone detox through City funding extends to 180 days, twice yearly, the number of clients who may be served will drop by at least half.

In response, the NTP Providers in their monthly meeting have asked that their NTP physicians meet as soon as possible to design a "tiered" system of detox to address varying client needs, severity, and length of treatment (e.g., 21, 45, 90, and 180 days).

External Affairs

KPFA Radio Program Debates Community-Based Care

On October 18, 2001, KPFA Radio hosted a radio program, focusing on the merits of community – based care versus nursing facility care, such as that provided by Laguna Honda Hospital (LHH). Although the program was designed to be a debate format, both sides contributed to establishing a comfortable and generous tone that gave the public a clear understanding of both sides.

Dr. Terry Hill, Laguna Honda Hospital Medical Director and Dana Simon, SEIU 250 supported both institutionalized care and community-based care. They both specifically defended the rebuilding of Laguna Honda Hospital. June Granger a parent and resident and Charles Levinson a LHH resident called into the radio show and expressed their positive experiences with Laguna Honda. Mr. Levinson made the point that, although he is resident at Laguna Honda, he is able to enjoy his freedom outside the hospital grounds. Ms. Granger stated that she took care of her daughter at home for five years until she could no longer give her daughter the 24-hour care she needs.

Louisa Cummings representing Disability Rights Education Defense Fund and ADAPT activist community-based client, Blaine Backset presented alternatives to institutional care.

Peaceful ADAPT Rally

Approximately 450 members and supporters of Americans Disabled for Attendant Programs Today (ADAPT) staged a peaceful rally at Forest Hill Station on Sunday, October 21, from 12:30 to 3:30 p.m. The group was protesting the replacement of Laguna Honda Hospital and advocating for additional services for those who choose to receive care at home or in the community instead of institutions. At the conclusion of the rally, members of the group conducted a brief parade around the main Laguna Honda Hospital building. A variety of City agencies including the San Francisco Police Department, San Francisco Sheriff's Department and others coordinated efforts to assure the safety of participants and those normal operating operations were not disrupted in any way.

Grants and Research

HIV Prevention Receives Supplemental Grant for Hepatitis C Work

The HIV Prevention Branch recently received a $65,000 supplement to the Prevention for Positives grant to evaluate Hepatitis C infection among people at risk for HIV. Specifically this funding will be used to enroll 400 HCV positive individuals in a study to determine if the results of HCV viral load testing changes behavior such as alcohol intake, safe needle use and accessing treatment for HCV infection.

Study Shows No Criminal Justice Implications in 911 Overdose Calls

A recent study completed by Housing and Urban Health showed that there were no arrests, probation violation, parole violation or warrants issued among bystanders who called 911 to activate the emergency medical system for an overdose. The study was conducted over a 3-month period in collaboration with the SFPD and reviewed over 200 overdose ambulance calls. This study has direct policy implications as many injection drug users report a reluctance to call 911 for an overdose victim because of fear of repercussions from the criminal justice system.

Naloxone Study Proving Successful

In an on-going study conducted by the Urban Health Study and funded in part by DPH, their fellow IDUs has resuscitated 8 individuals using CPR and Naloxone. This study was begun in August, 2001 among 12 pairs of active injection drug users who received training on the signs and symptoms of heroin overdose, CPR and the use of Naloxone, an anti-heroin that, when injected, immediately counteracts the effects of heroin.

Included in the report was a summary of the five processes that the Department of Public Health is involved in that relates to various aspects of the SFGHMC Rebuild. In addition, the report included the San Francisco General Hospital Diversion Report for September 2001.

4) FIRST QUARTER FINANCIAL REPORT

Gregg Sass presented the Statement of Revenue and Expenses for the quarter ending September 30, 2001 for Primary Care, Jail Health and Health at Home (Attachment A). Larry Doyle presented the revenue and expenditure report for the same period for the following programs: Housing and Urban Health, Maternal and Child Health, Mental Health and Substance Abuse (Attachment B).

5) LAGUNA HONDA HOSPITAL REBUILD UPDATE

Larry Funk, Executive Director of Laguna Honda Hospital, introduced Jim Kautz, the Executive Architectural Project Manager from Anshen & Allen Architects. Mr. Kautz provided the committee with an overview of the design, an update on the project budget and project schedule and summary of the goals for design development. Larry Funk then discussed opportunities for integration that the replacement project presents. The CHN Administrative teams are exploring a variety of opportunities as the new facility is being planned and designed. Mr. Funk cited the following examples of areas currently being explored: enhanced patient flow; assisted living units; information technology; radiology; laboratories; dialysis services; nutrition services; expanded outpatient services; expanded clinic services; expanded linkages to community based programs, supply chain management; and pharmacy.

Commissioners' Comments

- Commissioner Chow asked for a breakdown of the 140 assisted living units. Mr. Funk responded that 80 percent would be studio singles, 10 percent pure singles and 10 percent doubles. Commissioner Chow asked if there has been an analysis of the housing needs that will exist ten years from now, after the facility is opened. Mr. Funk responded that a profile of need has been done for the skilled nursing beds, but has not been done for assisted housing. Marc Trotz, director of Housing and Urban Health, added that the need will far outstrip the number of beds that will be available at the Laguna Honda Hospital Assisted Living Facility.

6) SUBSTANCE ABUSE UPDATE: HEROIN

Jim Stillwell and Josh Bamberger, M.D. presented a report on the Department of Public Health's Response to Heroin Use. Mr. Stillwell and Dr. Bamberger discussed the programs the Department has developed that target the following: overdose prevention; soft tissue infection prevention and treatment; Hepatitis C infection prevention and treatment; and heroin addiction treatment.

Members of the Treatment on Demand Planning Council's Heroin Committee presented recommendations to the Joint Conference Committee: Terry Mitchell gave an overview of the Heroin Committee's work and the recommendations; Colin Eaton discussed alternative treatments; Rachel McClean spoke about overdose prevention; Jennifer Plummer discussed soft tissue programs; and Norma Hoteling discussed Hepatitis C prevention and treatment.

Commissioners' Comments

- Commissioner Chow recommended that, for the presentation to the full Health Commission, staff prepared a demographic breakdown of the estimated 15,000 heroin users in San Francisco, and tie the presentation into the Department of Public Health Strategic Plan.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:50 p.m.

Michele M. Ol

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
Month Ending: SEP 30, 2000
(In Thousands of Dollars)

MONTHLY						ANNUAL				
Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual
					GROSS PATIENT REVENUE					
281	399	(118)	29.6%	376	Medi-Cal Revenue	3.702	4,785	(1.083)	-22.6%	4,373
171	150	21	14.0%	151	Medicare Revenue	1,980	1,800	180	10.0%	2,040
574	542	32	5.9%	607	Other Revenue	7,514	6,500	1,014	15.6%	7,241
1,026	1,081	(85)	-6.0%	1,134	TOTAL GROSS PATIENT SERVICE REVENUE	13,196	13,085	111	0.8%	13,654
					REVENUE DEDUCTIONS:					
76	58	(18)	-31.0%	(52)	Medi-Cal Revenue	999	700	(299)	42.7%	1,180
71	52	(19)	36.5%	56	Medicare Revenue	828	626	(207)	-32.3%	853
470	475	5	1.1%	584	Other Revenue	6.161	5,700	(461)	-8.1%	5,937
91	100	9	9.0%	105	Provision for Bad Debt	1,166	1,200	34	2.8%	1,206
708	685	(23)	-3.4%	693	TOTAL REVENUE DEDUCTIONS	9,164	8,226	(928)	-11.3%	9,176
318	406	(88)	-21.7%	441	NET PATIENT SERVICE REVENUE	4,042	4,859	(817)	-16.8%	4,478
					OTHER OPERATING REVENUE:					
62	62	-	n/a	62	Capitation	744	744	-	n/a	700
-	-		n/a	(46)	Prior Year Settlement	-	-	-	n/a	(193)
-	-	-	n/a	-	Carryforward	-	-	-	n/a	-
117	117	-	n/a	115	TCM and Other Net Patient Revenue	1,399	1,399	-	n/a	1,623
179	179	-	n/a	131	TOTAL OTHER OPERATING REVENUE	2,143	2,143	-	n/a	2,130
-	-	-	0	0	0	-	-	-	0	0
497	585	(88)	-16.0%	572	TOTAL OPERATING REVENUE	6,186	7,002	(817)	-11.7%	6,608
					OPERATING EXPENSES:					
2,158	2,502	344	13.7%	2,131	Personnel Services	28,910	30,022	1,112	3.7%	27,153
522	551	29	5.3%	492	Mandatory Fringe Benefits	6,993	6,613	(380)	-5.7%	6,567
295	295	-	n/a	470	Contractual Services	3,535	3,535		n/a	3,217
88	88		n/a	111	Materials and Supplies (excl. Pharmaceuticals)	1,082	1,082	-	n/a	1,541
33	33	-	n/a	50	Pharmaceuticals	400	400	-	n/a	380
498	498	-	n/a	119	Facilities Maint. & Capital Outlay	5,971	5,971		n/a	1,629
87	87		n/a	67	Services of Other Departments	1,041	1,041	-	n/a	1,144
(391)	(435)	(44)	-10.1%	(533)	Expenditure Recovery	(4,693)	(5,215)	(522)	-10.0%	(4,438)
-		-	n/a	1	Others	-	-	-	n/a	
3,290	3,619	329	9.1%	2,908	TOTAL OPERATING EXPENSES	43,219	43,429	210	0.5%	37,202
(2,793)	(3,034)	241	7.9%	(2,336)	OPERATING INCOME/(LOSS)	(37,024)	(36,427)	(607)	-1.7%	(30,694)
					NON-OPERATING REVENUE:					
2,938	2,938	-	n/a	2,582	General Fund	35,262	35,262	-	n/a	29,988
97	96	1	1.0%	1	Miscellaneous	1,165	1,165		n/a	54
3,035	3,034	1	0.0%	2,583	TOTAL NON-OPERATING REVENUE	36,427	36,427	-	n/a	30,042
242	-	242	n/a	247	NET INCOME/(LOSS)	(607)	-	(607)	n/a	(652)

Attachment A

HEALTH AT HOME
STATEMENT OF REVENUE AND EXPENSES
Month Ending: SEP 30, 2000
(In Thousands of Dollars)

MONTHLY						ANNUAL				
Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual
					NET PATIENT SERVICE REVENUE:					
38	50	(12)	-24.0%	33	Medi Cal Revenue	458	596	(138)	-23.2%	281
64	64	0	n/a	64	Medicare Revenue	763	763	0	n/a	677
0	0	0	n/a	0	Other Revenue	0	0	0	n/a	0
102	114	(12)	-10.5%	97	**TOTAL NET PATIENT SERVICE REVENUE**	1,221	1,359	(138)	-10.2%	938
					OTHER OPERATING REVENUE:					
3	3	0	n/a	2	Other Net Patient Revenue	30	30	0	n/a	32
3	3	0	n/a	2	**TOTAL OTHER OPERATING REVENUE**	30	30	0	n/a	32
105	117	(12)	-10.3%	99	**TOTAL OPERATING REVENUE (cash basis)**	1,261	1,388	(138)	-9.9%	970
					OPERATING EXPENSES:					
245	297	52	17.5%	221	Personnel Services	3,261	3,560	299	8.4%	2,859
60	65	5	7.7%	51	Mandatory Fringe Benefits	796	782	(14)	-1.8%	687
31	31	0	n/a	37	Contractual Services	377	377	0	n/a	175
15	15	0	n/a	16	Materials and Supplies (Excl Pharmaceuticals)	185	185	0	n/a	87
1	1	0	n/a	1	Pharmaceuticals	9	9	0	n/a	8
4	4	0	n/a	0	Facilities Maint & Capital Outlay	44	44	0	n/a	0
3	3	0	n/a	3	Services of Other Departments	35	35	0	n/a	40
(44)	(48)	(4)	-8.3%	(48)	Expenditure Recovery	(531)	(588)	(57)	9.7%	(435)
315	368	63	14.4%	280	**TOTAL OPERATING EXPENSES**	4,176	4,404	228	5.2%	3,431
(210)	(251)	41	16.3%	(181)	**OPERATING INCOME/(LOSS)**	(2,925)	(3,015)	90	3.0%	(2,461)
					NON-OPERATING REVENUE:					
251	251	0	n/a	233	General Fund	3,015	3,015	0	n/a	2,859
0	0	0	n/a	0	Miscellaneous	0	0	0	n/a	0
251	251	0	n/a	233	**TOTAL NON-OPERATING REVENUE**	3,015	3,015	0	n/a	2,859
41	0	41	n/a	52	**NET INCOME/(LOSS)**	90	0	90	n/a	398

Attachment A, 2

HEALTH AT HOME

SUMMARY STATISTICAL INFORMATION

Month Ending: SEP 30, 2001

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Payor Mix (Gross Revenue)					
38%	34%	4%	12%	34%	Medi-Cal	38%	34%	4%	12%	34%
62%	66%	-4%	-6%	66%	Medicare	62%	66%	-4%	-6%	66%
100%	100%	0%	0%	100%	Total	100%	100%	0%	0%	100%
					Payor Mix (Visits)					
39%	39%	0%	n/a	32%	Medi-Cal	39%	32%	7%	22%	36%
28%	27%	1%	4%	29%	Medicare	30%	31%	-1%	-3%	27%
33%	34%	-1%	3%	38%	Other	31%	37%	-6%	-16%	37%
100%	100%	0%	n/a	100%	Total	100%	100%	0%	n/a	100%
					Visits by Payor					
516	460	56	12.2%	478	Medi-Cal	1,744	1,380	364	26.4%	1,573
379	447	(68)	-15.2%	438	Medicare	1,339	1,341	(2)	-0.1%	1,200
435	540	(105)	-19.4%	587	Other	1,415	1,620	(205)	-12.7%	1,618
1,330	1,447	(117)	-8.1%	1,501	Total Visits by Payor	4,498	4,341	157	3.6%	4,391
					Visits by Discipline					
710	861	(151)	-17.5%	841	Skilled Nursing	2,443	2,583	(140)	-5.4%	2,496
90	89	1	1.1%	107	Occupational Therapy	298	267	29	10.9%	277
175	139	36	25.9%	182	Physical Therapy	547	417	130	31.2%	556
95	86	9	10.5%	80	Medical Social Worker	334	258	76	29.5%	228
257	270	(13)	-4.8%	288	Home Health Aide	867	810	57	7.0%	831
3	2	1	50.0%	3	Speech Therapist	11	6	5	83.3%	3
1,330	1,447	(117)	-8.1%	1,501	Total Visits by Discipline	4,498	4,341	157	3.6%	4,391
					KEY OPERATIONAL INDICATORS					
					Labor					
46	51	5	9.7%	41	FTEs - Productive	46	51	5	9.9%	42
3	9	6	63.4%	8	FTEs - Non-Productive	3	9	6	63.7%	6
60	60	10	17.4%	49	FTEs - Total	49	60	11	18.0%	48
6.4	5.9	(0.5)	-8.5%	5.6	Hours per Visit	5.8	5.9	0.1	1.7%	5.9
$ 65,690	$ 56,717	$ (8,973)	-15.8%	$ 56,913	Labor Cost per FTE	$ 64,668	$ 56,717	$ (7,951)	-14.0%	$ 56,758
24.4%	22.0%	-2.4%	-10.9%	23.1%	Fringe Benefits as % of Salary	24.4%	21.0%	-3.4%	-16.1%	23.1%
-		-	n/a	7	Vacant Position	-	-	-	n/a	7
					Revenues					
$ 78	$ 80	$ (2)	-2.5%	$ 66	Operating Rev' (cash basis) per Visit	$ 70	$ 80	$ (10)	12.5%	$ 67
					Expenses					
$ 237	$ 254	$ 17	6.7%	$ 187	Operating Expense per Visit	$ 220	$ 254	$ 34	13.4%	$ 197
16%	14%	-2%	-14.3%	17%	Supply Exp as % of Operating Rev	16%	14%	2%	-14.3%	17%

Attachment A, 3

JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES
Month Ending: SEP 30, 2000
(In Thousands of Dollars)

MONTHLY						ANNUAL				
Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual
					OPERATING EXPENSES:					
1,164	1,209	45	3.7%	1,184	Personnel Services	15,462	14,509	(953)	-6.6%	14,711
225	216	(9)	-4.2%	246	Mandatory Fringe Benefits	2,984	2,593	(391)	-15.1%	2,842
394	394	0	n/a	341	Contractual Services	4,732	4,732	0	n/a	3,951
56	81	25	30.9%	69	Materials and Supplies (Excl. Pharmaceuticals)	675	975	300	30.8%	546
65	65	0	n/a	70	Pharmaceuticals	786	786	0	n/a	720
5	5	0	n/a	0	Facilities Maint. & Capital Outlay	60	60	0	n/a	0
47	47	0	n/a	56	Services of Other Departments	563	563	0	n/a	636
(78)	(86)	(8)	-9.3%	(82)	Expenditure Recovery	(934)	(1,037)	(103)	-9.9%	(606)
					Other					
1,878	1,931	53	2.7%	1,904	**TOTAL OPERATING EXPENSES**	24,328	23,181	(1,147)	-4.9%	22,800
(1,878)	(1,931)	53	2.7%	(1,904)	**OPERATING INCOME/(LOSS)**	(24,328)	(23,181)	(1,147)	-4.9%	(22,800)
					NON-OPERATING REVENUE:					
1,930	1,930	0	n/a	1,783	General Fund	23,156	23,156	0	n/a	21,511
2	1	1	100.0%	2	Miscellaneous	25	25	0	n/a	0
1,932	1,931	1	0.1%	1,785	**NON-OPERATING REVENUE**	23,181	23,181	0	n/a	21,511
54	0	54	n/a	(119)	**NET INCOME/(LOSS)**	(1,147)	0	(1,147)	n/a	(1,289)

Attachment A, 4

JAIL HEALTH SERVICES
SUMMARY STATISTICAL INFORMATION
Month Ending: SEP 30, 2001

CURRENT MONTH						YEAR-TO-DATE				
Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	Actual	Budget	Variance	% Var	Prior Year
					Activity *					
3,365	3,408	(44)	-1.3%	3,360	Patients Triaged	10,094	10,224	(131)	-1.3%	10,388
2,398	2,340	58	2.5%	2,285	Patients Screened	7,194	7,020	174	2.5%	7,098
242	349	(108)	-30.8%	598	Health Inventory Screenings	725	1,047	(323)	-30.8%	1,749
9,254	8,670	584	6.7%	8,087	Sick Call Visits	27,761	26,010	1,751	6.7%	24,467
1,537	1,451	86	5.9%	1,340	Clinician Sick Calls	4,610	4,353	257	5.9%	4,179
7,717	7,219	498	6.9%	6,747	RN Sick Calls	23,151	21,657	1,494	6.9%	20,288
130	160	(30)	18.8%	232	X-Rays Performed	390	480	(90)	-18.8%	746
520	509	11	2.2%	500	Dental Visits	1,560	1,527	33	2.2%	1,527
682	682	(1)	-0.1%	674	Mental Health Evaluations	2,045	2,046	(2)	-0.1%	2,182
					KEY OPERATIONAL INDICATORS					
					Labor					
171	176	5	2.8%	179	FTEs - Productive	172	176	4	2.3%	185
32	31	(1)	-3.2%	34	FTEs - Non-Productive	31	31	0	n/a	30
203	207	4	1.9%	213	FTEs - Total	203	207	4	1.9%	215
$ 73,183	$ 69,539	$ (3,644)	-5.2%	$ 69,388	Labor Cost per FTE	$ 74,977	$ 69,539	$ (5,438)	-7.8%	$ 69,144
19.3%	17.9%	-1.4%	-7.8%	20.8%	Fringe Benefits as % of Salary	19.3%	17.9%	1.4%	-7.8%	20.8%
0	0	0	n/a	15	Vacant Positions	0	0	0	n/a	15
					Expenses					
6.5%	7.6%	1.1%	14.5%	7.3%	Supply Exp. as % of Total Expenses	6.2%	7.6%	1.4%	18.4%	7.2%

* Actual Activity statistics for the month is the average of previous months due to unavailability of data as of report date

Attachment A, 5

City and County of San Francisco

Department of Public Health
LARRY DOYLE, CHIEF FINANCIAL OFFICER
POPULATION HEALTH AND PREVENTION
101 Grove Street, Room 116
San Francisco, CA 94102
(415) 554-2825
FAX (415) 554-2623
Larry_Doyle@dph.sf.ca.us

Date: October 23, 2001

Memo to: CHN Joint Conference Committee

From: Larry Doyle

Re: Chief Financial Officer's Report

Attached is the revenue and expenditure report for the quarter ending September 30, 2001. This report encompasses the following programs: Housing and Urban Health, Maternal and Child Health, Mental Health and Substance Abuse. For these programs, I am anticipating a year-end surplus of $1,790,000.

While these estimates are very preliminary, a surplus salary and fringe savings of $840,000 is anticipated. The majority of the increased revenue comes from an anticipated projected increase in Short-Doyle Medi-Cal billings

At this point, I do not anticipate any financial problems during the year in these programs. I anticipate the revenue picture to continue to strengthen in the areas of both Mental Health and Substance Abuse.

LD/mg

Attachment B

Department of Public Health - MCH, HUH, MH, SA

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	660	2,080	(1,420)	(1)	Medi-Cal Revenue	8,069	8,319	(250)	(0)	1
2	94	150	(56)	(0)	Medicare Revenue	600	600	0	n/a	2
3	57	69	(12)	(0)	Other Patient Revenue	277	277	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	811	2,299	(1,488)	(1)	TOTAL NET PATIENT SERVICE REVENUE	8,946	9,196	(250)	(0)	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	2,737	(2,737)	(1)	Short Doyle (Community Mental Health Service)	10,946	10,946	0	n/a	8
9	0	7,872	(7,872)	(1)	Short Doyle M/Cal	32,486	31,486	1,000	0	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	4,056	(4,056)	(1)	State Alcohol	16,224	16,224	0	n/a	15
16	6,875	1,719	5,156	3	Proposition 36	6,875	6,875	0	n/a	16
17	0	13,434	(13,434)	(1)	State Realignment	53,734	53,734	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	512	1,761	(1,249)	(1)	Other State (CCS and State Mandated Cost)	7,044	7,044	0	n/a	19
20	247	207	40	0	Fees/Cafeteria/Misc (includes lease income)	1,027	827	200	0	20
21	790	2,769	(1,979)	(1)	Workorder Recovery	11,075	11,075	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	3,781	3,781	0	n/a	Carryforward	15,125	15,125	0	n/a	23
24	12,205	38,334	(26,129)	(1)	TOTAL OTHER OPERATING REVENUE	154,536	153,336	1,200	0	24
25										25
26	13,016	40,633	(27,617)	(1)	TOTAL OPERATING REVENUE	163,482	162,532	950	0	26
27										27
28					OPERATING EXPENSES:					28
29	8,144	10,866	2,722	0	Personnel Services	42,778	43,462	684	0	29
30	1,854	2,441	587	0	Mandatory Fringe Benefits	9,607	9,763	156	0	30
31	73,906	45,717	(28,189)	(1)	Non-personal Services	182,867	182,867	0	n/a	31
32	323	725	402	1	Materials and Supplies	2,901	2,901	0	n/a	32
33	94	148	54	0	Facilities Maint. & Capital Outlay	591	591	0	n/a	33
34	8,075	2,061	(6,014)	(3)	Services of Other Departments (workorders)	8,244	8,244	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	92,396	61,957	(30,439)	(0)	TOTAL OPERATING EXPENSES	246,988	247,828	840	0	38
39										39
40	(79,380)	(21,324)	(58,056)	(3)	OPERATING INCOME/(LOSS)	(83,506)	(85,296)	1,790	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	21,324	21,324	0	n/a	General Fund	85,296	85,296	0	n/a	43
44	21,324	21,324	0	n/a	TOTAL NON-OPERATING REVENUE	85,296	85,296	0	n/a	44
45										45
46	(58,056)	0	(58,056)	n/a	NET INCOME/(LOSS)	1,790	0	1,790	n/a	46

Attachment B.2

Department of Public Health - Housing & Urban Health

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	0	85	(85)	(1)	Workorder Recovery	340	340	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	175	175	0	n/a	Carryforward	698	698	0	n/a	23
24	175	260	(85)	(0)	TOTAL OTHER OPERATING REVENUE	1,038	1,038	0	n/a	24
25										25
26	175	260	(85)	(0)	TOTAL OPERATING REVENUE	1,038	1,038	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	106	175	69	0	Personnel Services	635	701	66	0	29
30	23	40	17	0	Mandatory Fringe Benefits	144	159	15	0	30
31	3,300	2,173	(1,127)	(1)	Non-personal Services	8,693	8,693	0	n/a	31
32	5	14	9	1	Materials and Supplies	57	57	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	0	0	0	n/a	Services of Other Departments (workorders)	0	0	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	3,434	2,403	(1,032)	(0)	TOTAL OPERATING EXPENSES	9,529	9,610	81	0	38
39										39
40	(3,260)	(2,143)	(1,117)	(1)	OPERATING INCOME/(LOSS)	(8,491)	(8,572)	81	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	2,143	2,143	0	n/a	General Fund	8,572	8,572	0	n/a	43
44	2,143	2,143	0	n/a	TOTAL NON-OPERATING REVENUE	8,572	8,572	0	n/a	44
45										45
46	(1,117)	0	(1,117)	n/a	NET INCOME/(LOSS)	81	0	81	n/a	46

Department of Public Health - MCH

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	2	(2)	(1)	Other Patient Revenue	7	7	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	2	(2)	(1)	TOTAL NET PATIENT SERVICE REVENUE	7	7	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	127	(127)	(1)	State Realignment	508	508	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	512	1,415	(903)	(1)	Other State (CCS and State Mandated Cost)	5,659	5,659	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	168	199	(31)	(0)	Workorder Recovery	794	794	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	60	60	0	n/a	Carryforward	240	240	0	n/a	23
24	740	1,800	(1,060)	(1)	TOTAL OTHER OPERATING REVENUE	7,201	7,201	0	n/a	24
25										25
26	740	1,802	(1,062)	(1)	TOTAL OPERATING REVENUE	7,208	7,208	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	933	1,464	531	0	Personnel Services	5,425	5,856	431	0	29
30	227	344	117	0	Mandatory Fringe Benefits	1,269	1,374	105	0	30
31	231	581	350	1	Non-personal Services	2,325	2,325	0	n/a	31
32	12	71	59	1	Materials and Supplies	285	285	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	18	6	(12)	(2)	Services of Other Departments (workorders)	23	23	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	1,421	2,466	1,045	0	TOTAL OPERATING EXPENSES	9,327	9,863	536	0	38
39										39
40	(681)	(664)	(17)	(0)	OPERATING INCOME/(LOSS)	(2,119)	(2,655)	536	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	664	664	0	n/a	General Fund	2,655	2,655	0	n/a	43
44	664	664	0	n/a	TOTAL NON-OPERATING REVENUE	2,655	2,655	0	n/a	44
45										45
46	(17)	0	(17)	n/a	NET INCOME/(LOSS)	536	0	536	n/a	46

Department of Public Health - Mental Health

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	660	2,080	(1,420)	(1)	Medi-Cal Revenue	8,069	8,319	(250)	(0)	1
2	94	150	(56)	(0)	Medicare Revenue	600	600	0	n/a	2
3	57	68	(11)	(0)	Other Patient Revenue	270	270	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	811	2,297	(1,486)	(1)	TOTAL NET PATIENT SERVICE REVENUE	8,939	9,189	(250)	(0)	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	2,737	(2,737)	(1)	Short Doyle (Community Mental Health Service)	10,946	10,946	0	n/a	8
9	0	7,000	(7,000)	(1)	Short Doyle M/Cal	28,998	27,998	1,000	0	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	13,307	(13,307)	(1)	State Realignment	53,226	53,226	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	346	(346)	(1)	Other State (CCS and State Mandated Cost)	1,385	1,385	0	n/a	19
20	247	182	65	0	Fees/Cafeteria/Misc (includes lease income)	727	727	0	n/a	20
21	337	2,013	(1,676)	(1)	Workorder Recovery	8,052	8,052	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	2,987	2,987	0	n/a	Carryforward	11,947	11,947	0	n/a	23
24	3,571	28,570	(25,000)	(1)	TOTAL OTHER OPERATING REVENUE	115,281	114,281	1,000	0	24
25										25
26	4,382	30,868	(26,486)	(1)	TOTAL OPERATING REVENUE	124,220	123,470	750	0	26
27										27
28					OPERATING EXPENSES:					28
29	6,731	8,533	1,802	0	Personnel Services	33,991	34,131	140	0	29
30	1,516	1,896	380	0	Mandatory Fringe Benefits	7,581	7,585	4	0	30
31	42,086	29,095	(12,992)	(0)	Non-personal Services	116,378	116,378	0	n/a	31
32	297	608	311	1	Materials and Supplies	2,432	2,432	0	n/a	32
33	0	118	118	1	Facilities Maint. & Capital Outlay	471	471	0	n/a	33
34	3,599	938	(2,662)	(3)	Services of Other Departments (workorders)	3,750	3,750	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	54,229	41,187	(13,042)	(0)	TOTAL OPERATING EXPENSES	164,603	164,747	144	0	38
39										39
40	(49,847)	(10,319)	(39,528)	(4)	OPERATING INCOME/(LOSS)	(40,383)	(41,277)	894	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	10,319	10,319	0	n/a	General Fund	41,277	41,277	0	n/a	43
44	10,319	10,319	0	n/a	TOTAL NON-OPERATING REVENUE	41,277	41,277	0	n/a	44
45										45
46	(39,528)	0	(39,528)	n/a	NET INCOME/(LOSS)	894	0	894	n/a	46

Attachment B, 5

Department of Public Health - Substance Abuse

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	872	(872)	(1)	Short Doyle M/Cal	3,488	3,488	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	4,056	(4,056)	(1)	State Alcohol	16,224	16,224	0	n/a	15
16	6,875	1,719	5,156	3	Proposition 36	6,875	6,875	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	25	(25)	(1)	Fees/Cafeteria/Misc (includes lease income)	300	100	200	2	20
21	285	472	(187)	(0)	Workorder Recovery	1,889	1,889	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	560	560	0	n/a	Carryforward	2,240	2,240	0	n/a	23
24	7,720	7,704	16	0	TOTAL OTHER OPERATING REVENUE	31,016	30,816	200	0	24
25										25
26	7,720	7,704	16	0	TOTAL OPERATING REVENUE	31,016	30,816	200	0	26
27										27
28					OPERATING EXPENSES:					28
29	374	694	320	0	Personnel Services	2,727	2,774	47	0	29
30	88	161	73	0	Mandatory Fringe Benefits	613	645	32	0	30
31	28,289	13,868	(14,421)	(1)	Non-personal Services	55,471	55,471	0	n/a	31
32	9	32	23	1	Materials and Supplies	127	127	0	n/a	32
33	94	30	(64)	(2)	Facilities Maint. & Capital Outlay	120	120	0	n/a	33
34	4,458	1,118	(3,340)	(3)	Services of Other Departments (workorders)	4,471	4,471	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	33,312	15,902	(17,410)	(1)	TOTAL OPERATING EXPENSES	63,529	63,608	79	0	38
39										39
40	(25,592)	(8,198)	(17,394)	(2)	OPERATING INCOME/(LOSS)	(32,513)	(32,792)	279	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	8,198	8,198	0	n/a	General Fund	32,792	32,792	0	n/a	43
44	8,198	8,198	0	n/a	TOTAL NON-OPERATING REVENUE	32,792	32,792	0	n/a	44
45										45
46	(17,394)	0	(17,394)	n/a	NET INCOME/(LOSS)	279	0	279	n/a	46

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http://www.dph.sf.ca.us***
e-mail: ***health_commission@ci.sf.ca.us***

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, November 27, 2001
3:00 p.m. – 5:00 p.m.*
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

*NOTE THAT ITEM 8, CLOSED SESSION, WILL BE HELD FROM 2:30 P.M. TO 3:00 P.M.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF OCTOBER 23, 2001**
**Minutes for October 23, 2001*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **PRIMARY CARE FINANCIAL OVERVIEW**
(Gregg Sass, CHN Chief Financial Officer)
**Update*

5) **FOR DISCUSSION:** **REVIEW OF THE LEWIN GROUP PROPOSAL TO DEVELOP A LONG RANGE SERVICE DELIVERY PLAN FOR THE REBUILDING OF SAN FRANCISCO GENERAL HOSPITAL**
(Judith Klain, CHN Planning Department)

6) **FOR DISCUSSION:** **EMERGING ISSUES**
(Larry Funk, LHH Executive Director)
**Update*

7) **PUBLIC COMMENTS****

8) **CLOSED SESSION**

A) Public Comment on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session

C) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d); Health and Safety Code 1461; and California Constitution, Article I, Section 1.

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION AS DEFENDANT

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, November 27, 2001
3:00 p.m.
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The Community Health Network Joint Conference Committee was called to order by Commissioner Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.

Staff: Sai-Ling Chan-Sew, Patricia Evans, M.D., Larry Funk, Barbara Garcia, Joe Goldenson, M.D., Judith Klain, Wylie Liu, Maria X. Martinez, Gene O'Connell, David Ofman, M.D., Frank Patt, Patricia Perez-Arce, Gregg Sass, Hiroshi Tokubo, Marc Trotz, Linda Wang,

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF OCTOBER 23, 2001

Action Taken: The Committee approved the minutes of the October 23, 2001 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Programs, Community Health Network, presented the Secretary's Report.

PROGRAM UPDATES

Families with Children Living in Single Room Occupancy (SROs) in San Francisco

In June of 2001, the Board of Supervisors adopted legislation mandating that City Departments provide leadership and work with community and SRO residents to address the findings and recommendations outlined by the Task Force in the "Report on Families with Children Living in SRO Hotels in San Francisco". This document outlined the devastating impact that living in SROs has on children and outlined recommendations to overcome some of the barriers facing families living in SROs.

Following the publication of this report, the Department of Public Health funded a comprehensive census and survey of families living in SROs. The "Report on the Census of Families with Children Living in SRO Hotels in San Francisco" outlined the scope of the problem (over 450 families with children live in SROs) and other important data, as well as recommendations to the Board of Supervisors.

The SRO Health and Safety Task Force's status report to the Board of Supervisors is scheduled for April 2002. To prepare for this, four workgroups are being based upon the four goals of the report:

1. Families with children move from SROs into stable housing
2. Families with children are preserved while residing in SROs
3. Families with children live in clean, safe conditions when residing in SROs
4. Families with children improve their socioeconomic and health status while residing in SROs and until housing stability is achieved

Anne Kronenberg is the Chair of the San Francisco SRO Health and Safety Task Force. Maria X Martinez has provided the leadership for the families' perspective. They will provide a full project report to the JCC in early 2002.

Recent DPH Health Fair a Potential Model of Service Provision

Housing and Urban Health led a collaboration of Health Department employees to conduct a health fair at two residential hotels. Staff from HUH, the AIDS Office and from TB Control and Prevention provided flu shots, HIV testing and counseling, STD screening and treatment, tuberculosis screening and urgent care medical services for the residents of the Le Nain and Pacific Bay Inn. The day was a great success with over fifty residents seeking out services and may be replicated as a model of service provision in the near future.

Children Youth and Family Section 2001 Recognition Awardees

On October 18, 2001 the Children, Youth and Family Section (CYF) of Community Mental Health Services held its Annual All Staff Meeting with 350 staff from all its civil service programs, contracting agencies and partnering agencies. The theme was " Celebration of Our Diversity". Ms. Sai-Ling Chan-Sew, Director of CYF, elaborated on CYF's extensive achievements for the past year and its performance objectives for fiscal year 2001-02. The Hon. Judge Donna Hitchins, Supervising Judge of the Unified Family Court, S.F. County Superior Court, gave the keynote address by sharing her vision about a unified family court with mental health support.

Each year CYF Recognition Awards are given out to staff (civil service and contractors) who have made extraordinary clinical, programmatic, or fiscal efforts in the past year on improving the emotional well being of San Francisco's children, youth and their families. It is important to note that nominations are generated from staff. This year's recipients are: Ms. Ladde Farfan, MFT, Tender Lion Program, Family Service Agency of SF; Ms. Stephanie Felder, Comprehensive Child Crisis Service; Dr. George Fouras, Medical Director, Foster Care Mental Health Program; Ms. Alicia Joseph, MFT, Family Mosaic Project; Ms. Laurel Kloomok, M.Ed, Parents Place, Jewish Family and Children Services; Ms. Maryanne Mock, LCSW, Southeast Child and Family Therapy Center; Ms. Julissa Palafox, ASW, CSOC Intensive Case Management Program; Ms. Karen Purser, Oakes Children Center; Mr. Chris White, Institute for the Arts of Living; Children's System of Care's Family Involvement Team (Ms. Cynthia Billups, Ms. Teresa Gallegos, Ms. Jenny Gong, Ms. Pamela Powell, Ms. Gilda Serrano and Ms. Lynn Westry); Supporting Therapeutic Options Program Team from Dept. of Human Services (Ms. Lavelle Holmes and Mr. Luis Zumaeta); Ms. Lynda Boyer-Chu, RN, MPH, SFUSD – School Health Programs; and Dr. Peter Ng, DPH-Chinatown Public Health Center.

A special Lifetime Achievement was given to Ms. Nancy Presson, Associate Director, Community Mental Health Services, for excellence in making children, youth and families an integral part of all her efforts in behavioral health for S.F. County. She is truly a part of San Francisco's legacy on children's mental health!

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 44 episodes of diversion for 241 hours, representing a rate of 32% in October 2001. This is a 9% increase in diversion since September 2001.

The 44 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total diversion	40	229	30.6%	8.1% increase
Trauma override	4	12	1.6%	1.1% increase

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 238 patients were awaiting admission to in-patient beds (ICU- 19, 4B/StepDown - 103, Med. Surg - 116). In October of 2000, the ED was on diversion 30% of the month. Trauma Override was invoked 6% of the month in October 2000.

Total diversion was recorded for 40 episodes, a total of 229 hours or a 30.6% rate for October 2001.

Trauma override was recorded for four episodes, a total of 12 hours or a 1.6% rate for October 2001. This is a 1.1% increase in trauma override from September 2001. While on Trauma Override the ED held 28 patients awaiting inpatient beds.

GRANTS

HIV Medication Adherence Support Services Grant

The University of California, San Francisco's Department of Medicine, recently received funding for a five-year project to evaluate HIV medication adherence support services among HIV infected urban poor. The study will randomize a cohort of 400 HIV+ urban poor to directly observed therapy, the Health Department's Action Point Adherence Project and to regular care. Funding for this project should be an opportunity to evaluate the effectiveness of Action Point and Directly Observed Therapy.

Substance Abuse and Mental Health Services Administration (SAMHSA) Grant

Community Mental Health Services (CMHS), has been awarded a three-year SAMHSA grant for $1,200,000. The goals of the project are: 1) To develop and implement transgender specific and sensitive mental health services at a primary health care setting in order to meet the needs of MTF transgenders with co-occurring multiple problems; 2) To build service networks among a coalition of community collaborators, including health providers, consumers, and researchers, that can assure appropriate assessment, treatment, evaluation, information dissemination, and referral services for the targeted transgender community; and 3) To provide transgender sensitive and culturally competent outreach in the targeted communities through expansion of existing community outreach efforts to MTF transgenders.

The grant is entitled Transgender Life Care (TLC) and the Principal Investigator is Wayne Clark Ph.D. from CMHS. The project will be conducted by a coalition of the San Francisco Department of Public Health (SFDPH); the Castro Mission Health Center (CMHC), a community primary health clinic; Health Studies for People of Color (HSPC), Center for AIDS Prevention Studies (CAPS), University of California San Francisco (UCSF); Walden House substance abuse treatment services; four AIDS Service Organizations (ASOs) providing transgender specific programs; and consumers.

Sai-Ling Chan Sew, Director of Child, Youth and Family Services for Community Mental Health, discussed the contract for the Seneca San Francisco Community Alternatives Program. At the beginning of the fiscal year, the facility's license was changed to a community treatment facility, which allows the program to lock the parameter of the facility. With the new designation are increased staffing requirements. In addition, the legal system is pressuring the mental health system to take the court's kids into these locked facilities. Last year the contract was expanded from 12 beds to 22 beds, but the program has been operating between 13-14 beds for the first six months. Ms. Chan-Sew said that this contract will go to the Health Commission on December 18th and the recommendation will be to reduce the contracted census to 14, add General Fund support and try to stabilize the program. Gene O'Connell added that when the patients in the Seneca program turn 18 they go to the Mental Health Rehabilitation Facility (MHRF), and they are a very difficult population. Linda Wang stated that she has been meeting with MHRF staff to develop more programs for this population.

Commissioners' Comments

- Commissioner Guy heard a report that a large number of families who live in Single Room Occupancy hotels (SROs) live in Chinatown. Maria Martinez responded that the majority of families living in SROs are Asian and they generally live in the SRO for a longer period of time than families in other areas of the city. Ms. Martinez said that the report would be presented to the Joint Conference Committee in January. Commissioner Guy said that it is critical to understanding the underlying issues.

- Commissioner Chow said that a variety of efforts are underway in the housing communities around SROs and affordable family housing. Ms. Chan-Sew added that there are two special areas of focus: injury prevention and adolescent girls, particularly in terms of shared bathroom facilities. Dispute resolution is another emphasis since the living environment leads to a lot of disputes between families.

4) PRIMARY CARE FINANCIAL OVERVIEW

Gregg Sass, CHN Chief Financial Officer, presented the Primary Care financial overview (Attachment A). Mr. Sass said that the financial information is limited to the freestanding primary care clinics, and that financial information for the hospital-based clinics is forthcoming. Mr. Sass said that last month's data showed a year-end deficit. However, at that time they did not know what the Medi-Cal reimbursement rate would be, as the State had changed to a new system. The new rates have been received, and are much higher than what was budgeted. So instead of projecting a loss, Mr. Sass stated that they are projecting a $1 million to $1.9 million surplus in Primary Care.

Mr. Sass stated that for the primary care clinics, Medi-Cal volume has increased over the past two years. It would be wise for the Department to do everything it can to continue to increase Medi-Cal volume, because the revenue it generates more than pays for the additional services.

Commissioners' Comments

- Commissioner Chow asked Patricia Perez-Arce and David Ofman in which direction they see the primary care clinics moving. Dr.Ofman replied that a number of strategies are being examined. For example, they are looking at shifting toward a same-day appointment system, which reduce the no-show rate and generally have high patient-satisfaction. Another strategy is a disease management approach to chronic diseases such as diabetes. Another strategy involves tying the urgent care system to the primary care system. The demand for urgent care for unaffiliated patients is seemingly endless. If unaffiliated patients can be connected to the primary care system, volume would increase. Dr. Perez-Arce stated that they are also examining the possibility of centralizing the advice nurse function and a centralized access point. Gene O'Connell added that the Harvard Health Plan has implemented a same-day appointment system that has been very successful.

- Commissioner Chow asked how many unduplicated clients are seen at the primary care clinics. Dr. Ofman responded that there are approximately 50,000 patients total, and 30,000 are seen in off-campus clinics. He then asked if urgent care services could be offered in various geographic locations both for indigent patients and patients who can pay for services. Dr. Ofman said that this is done to a certain extent at the health centers, largely for unaffiliated clients. The Primary Care staff's priority is to expand the Urgent Care Clinic on the San Francisco General Hospital campus, and the next step would be to look at the health centers.

- Commissioner Guy asked if the disease management approach could work for asthma patients in the same way it could work for diabetes patients. Dr. Ofman said that they have established a program with pediatric asthma cases, but they need to export the model to all sites that serve asthmatic children.

5) REVIEW OF THE LEWIN GROUP PROPOSAL TO DEVELOP A LONG RANGE SERVICE DELIVERY PLAN FOR THE REBUILDING OF SAN FRANCISCO GENERAL HOSPITAL

Judith Klain, CHN Planning Department, presented the proposed contract with The Lewin Group to develop a long-range service delivery plan for the San Francisco General Hospital rebuild. In January 2001, there was a seven-week planning process for the rebuild of the hospital, after which a number of issues remained unresolved. Ms. Klain stated that the contract with The Lewin Group is the next phase of this planning process that will provide a broader look at the continuum of care.

Commissioners' Comments

- Commissioner Chow asked where the Trauma Plan fits into this process. Ms. Klain responded that the Trauma Plan would be incorporated into the study, and that nothing in the plan would change. Commission Chow suggested that the members of the team be included in the packet of information that goes to the Health Commissioners. Ms. Klain said that former Health Director Ray Baxter would be leading the team, and she will add the other members.

- Commissioner Guy commented that the rebuild effort is such a moving target. Ms. O'Connell said that one of the benefits of this process is that it will help answer some of the questions that need to be answered to move the process forward.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) CLOSED SESSION

A) Public Comment on all Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a Closed Session.

The Committee went into Closed Session at 2:30 p.m.

C) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d); Health and Safety Code 1461; and California Constitution, Article I, Section 1.

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION AS DEFENDANT

D) Reconvene in Open Session

The Committee came out of Closed Session at 2:50 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussions held in Closed Session.

9) ADJOURNMENT

The meeting was adjourned at 4:50 p.m.

Michele M. Ols

Michele M. Olson
Executive Secretary to
the Health Commission

Attachments (1)

Primary Care Clinics
Financial Overview
November 27, 2001

For the quarter ended September 30, 2001 we presented a financial forecast that projected a net loss of $607,000 for the fiscal year ending June 30, 2001. As discussed in the accompanying notes, the projected net patient service revenue had not been updated to reflect the effects of a prospective reimbursement system that became effective for Medi-Cal Patients on 1-1-01. The prospective rates were not known until recently. There were additional issues concerning the estimation techniques upon which Medi-Cal net revenue was based.

Additional information is now available concerning our prospective payment rates. We have also reviewed the reimbursement assumptions for Medicare program patients. Attached to this report are revised financial projections presenting a best and worst case forecast for Primary Care.

This review is limited to our freestanding clinics and does not include the hospital-based clinics.

Patient Service Revenue

Medi-Cal Revenue

Medi-Cal revenue is the single largest payor source. 24% of our patients are covered by the Medi-Cal program. Prior to 1-1-01, Medi-Cal program reimbursement had been determined on a "cost reimbursed" basis. We file annual cost reports that are the basis for a "per visit" payment rate. The cost report includes the direct expense of the Clinics, plus allocations of indirect expenses to produce an average per visit cost that exceeds our per visit charge. Following is summary data from our three most recent cost reports.

	1999 Audited	2000 Unaudited	2001 Unaudited
Reimbursable Medi-Cal Cost	$3,491,397	$5,082,464	$6,181,305 (est)
Eligible Medi-Cal Visits	20,718	26,674	31,699
Medi-Cal Cost per Visit	$168.52	$190.54	$195.00 (est)

Our prospective payment rate is based on our previously filed cost reports. We have received a notice from the Medi-Cal program that our rate for the Period 1-1-01 to 9-30-01 will be $199.54. On 10-1-01, that rate will increase to $203.73. The rates are subject to change, pending final review of our 2000 cost report. Therefore, we are forecasting a best case average rate of $202.68, and a worst case rate of $180.00.

This rate applies to all eligible Medi-Cal patients, including our capitated patients paid via the San Francisco Health Plan (SFHP). Capitation revenue from SFHP is adjusted via the cost report to reflect our prospective rates. Following is our computation of Medical net revenue under the best and worst case scenarios:

	Best Case	Worst Case
Projected Medi-Cal visits	31,500	31,500
Prospective payment rate	$202.68	$180.00
Total PPS Reimbursement	6,384,420	5,670,000
Less Capitation Payments included in Other income	744,000	744,000
Net Medi-Cal Revenue	5,640,420	4,926,000
Gross Medi-Cal Revenue	3,702,000	3,702,000
Medi-Cal Contractual Allowance – what is this?	(1,938,420)	(1,224,000)

Medicare Revenue

Medicare revenue is the other significant source of patient service revenue. Medicare reimbursement is based on a fee schedule for all clinics except the North of Market Clinic, (the only Medicare FQHC Clinic) and which has been reimbursed on a cost basis. A review of recent paid claims data indicates average payments are approximately 55% of our billed charges during the most recently completed fiscal year. For purpose of the financial projection we are forecasting a best case and worst case reimbursement rate of 55% and 50% respectively and computed as follows:

	Best Case	Worst Case
Eligible Medicare Charges	$1,500,000	$1,500,000
Reimbursement Rate	55%	50%
Medicare Net Revenue	$825,000	$ 750,000
Total Medicare Charges	$1,980,000	$1,980,000
Medicare Contractual Allowance	$1,155,000	$1,230,000

Other Patient Revenue

Other patients are largely unsponsored, and other cash collections are limited. We have included a best and worst case forecast of $100,000 and $0, respectively for this population.

Attached are the results of the two best and worst case financial forecasts

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES

30-Sep-01

(In Thousands of Dollars)

BEST CASE

		ANNUAL					
		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual	
	GROSS PATIENT REVENUE:						
1	Medi-Cal Revenue	3,702	4,785	(1,083)	-22.6%	4,373	1
2	Medicare Revenue	1,980	1,800	180	10.0%	2,040	2
3	Other Revenue	7,514	6,500	1,014	15.6%	7,241	3
4							4
5	TOTAL GROSS PATIENT SERVICE REVENUE	13,196	13,085	111	0.8%	13,654	5
6							6
7	REVENUE DEDUCTIONS:						7
8	Medi-Cal Revenue	(1,938)	700	2,638	376.9%	1,180	8
9	Medicare Revenue	1,155	626	(529)	-84.5%	853	9
10	Other Revenue	6,248	5,700	(548)	-9.6%	5,937	10
11	Provision for Bad Debt	1,166	1,200	34	2.8%	1,206	11
12	TOTAL REVENUE DEDUCTIONS	6,631	8,226	1,595	19.4%	9,176	12
13							13
14	NET PATIENT SERVICE REVENUE	6,565	4,859	1,706	35.1%	4,478	14
15							15
16	OTHER OPERATING REVENUE:						16
17	Capitation	744	744	-	n/a	700	17
18	Prior Year Settlement	-	-	-	n/a	(193)	18
19	Carryforward	-	-		n/a	-	19
20	TCM and Other Net Patient Revenue	1,399	1,399	-	n/a	1,623	20
21	TOTAL OTHER OPERATING REVENUE	2,143	2,143	-	n/a	2,130	21
22							22
23	TOTAL OPERATING REVENUE	8,708	7,002	1,706	24.4%	6,608	23
24							24
25	OPERATING EXPENSES:						25
26	Personnel Services	28,910	30,022	1,112	3.7%	27,153	26
27	Mandatory Fringe Benefits	6,993	6,613	(380)	-5.7%	6,567	27
28	Contractual Services	3,535	3,535	-	n/a	3,217	28
29	Materials and Supplies (excl. Pharmaceuticals)	1,062	1,062	-	n/a	1,541	29
30	Pharmaceuticals	400	400	-	n/a	390	30
31	Facilities Maint. & Capital Outlay	5,971	5,971		n/a	1,628	31
32	Services of Other Departments	1,041	1,041	-	n/a	1,144	32
33	Expenditure Recovery	(4,693)	(5,215)	(522)	10.0%	(4,438)	33
34	Others		-	-	n/a	-	34
35	TOTAL OPERATING EXPENSES	43,219	43,429	210	0.5%	37,202	35
36							36
37	OPERATING INCOME/(LOSS)	(34,511)	(36,427)	1,916	-5.3%	(30,594)	37
38							38
39	NON-OPERATING REVENUE:						39
40	General Fund	35,262	35,262	-	n/a	29,988	40
41	Miscellaneous	1,165	1,165	-	n/a	54	41
42	TOTAL NON-OPERATING REVENUE	36,427	36,427	-	n/a	30,042	42
43							43
44	NET INCOME/(LOSS)	1,916	-	1,916	n/a	(552)	44

PRIMARY CARE CLINICS
STATEMENT OF REVENUE AND EXPENSES
30-Sep-01
(In Thousands of Dollars)
Worst Case

		ANNUAL					
		Projection	Budget	Fav/(Unfav) Variance	% Var	PY Actual	
	GROSS PATIENT REVENUE:						
1	Medi-Cal Revenue	3,702	4,785	(1,083)	-22.6%	4,373	1
2	Medicare Revenue	1,980	1,800	180	10.0%	2,040	2
3	Other Revenue	7,514	6,500	1,014	15.6%	7,241	3
4							4
5	TOTAL GROSS PATIENT SERVICE REVENUE	13,196	13,085	111	0.8%	13,654	5
6							6
7	REVENUE DEDUCTIONS:						7
8	Medi-Cal Revenue	(1,224)	700	1,924	274.9%	1,180	8
9	Medicare Revenue	1,230	626	(604)	96.5%	853	9
10	Other Revenue	6,348	5,700	(648)	-11.4%	5,937	10
11	Provision for Bad Debt	1,166	1,200	34	2.8%	1,206	11
12	TOTAL REVENUE DEDUCTIONS	7,520	8,226	706	8.6%	9,176	12
13							13
14	NET PATIENT SERVICE REVENUE	5,676	4,859	817	16.8%	4,478	14
15							15
16	OTHER OPERATING REVENUE:						16
17	Capitation	744	744		n/a	700	17
18	Prior Year Settlement	-	-	-	n/a	(193)	18
19	Carryforward	-	-	-	n/a	-	19
20	TCM and Other Net Patient Revenue	1,399	1,399	-	n/a	1,623	20
21	TOTAL OTHER OPERATING REVENUE	2,143	2,143	-	n/a	2,130	21
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24							24
25	OPERATING EXPENSES:						25
26	Personnel Services	28,910	30,022	1,112	3.7%	27,153	26
27	Mandatory Fringe Benefits	6,993	6,613	(380)	-5.7%	6,567	27
28	Contractual Services	3,535	3,535	-	n/a	3,217	28
29	Materials and Supplies (excl. Pharmaceuticals)	1,062	1,062	-	n/a	1,541	29
30	Pharmaceuticals	400	400	-	n/a	390	30
31	Facilities Maint. & Capital Outlay	5,971	5,971	-	n/a	1,628	31
32	Services of Other Departments	1,041	1,041	-	n/a	1,144	32
33	Expenditure Recovery	(4,693)	(5,215)	(522)	10.0%	(4,438)	33
34	Others	-		-	n/a		34
35	TOTAL OPERATING EXPENSES	43,219	43,429	210	0.5%	37,202	35
36							36
37	OPERATING INCOME/(LOSS)	(35,400)	(36,427)	1,027	-2.8%	(30,594)	37
38							38
39	NON-OPERATING REVENUE:						39
40	General Fund	35,262	35,262	-	n/a	29,988	40
41	Miscellaneous	1,165	1,165	-	n/a	54	41
42	TOTAL NON-OPERATING REVENUE	36,427	36,427	-	n/a	30,042	42
43							43
44	NET INCOME/(LOSS)	1,027	-	1,027	n/a	(552)	44

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

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CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. **(415) 554-2666**
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Web Site: **http//www.dph.sf.ca.us**
E-mail: **health_commission@dph.sf.ca.u**

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PUBLIC NOTICE

CANCELLED

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK MEETING

The Joint Conference Committee for Community Health Network meeting, scheduled for December 25, 2001 has been cancelled.

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Posted December 10, 2001

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Department of Public Health

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Second Notice – 1/18/02

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PUBLIC NOTICE

JOINT CONFERENCE COMMITTEE FOR THE COMMUNITY HEALTH NETWORK COMMITTEE MEETING

01-22-02P05:[illegible] RC[illegible]

The Joint Conference Committee for the Community Health Network meeting originally scheduled for Tuesday, January 22, has been rescheduled for Tuesday, January 29, 2002. An agenda will be mailed.

For information call the Health Commission Office at 554-2666

Posted 12/20/01 and 1/18/02

101 Grove Street **San Francisco, CA 94102-4505**

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
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AGENDA

29/02

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

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Tuesday, January 29, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF NOVEMBER 27, 2002**
**Minutes for November 27, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **REPORT ON FAMILIES WITH CHILDREN LIVING IN SINGLE ROOM OCCUPANCY HOTELS IN SAN FRANCISCO**
(Maria X. Martinez, Deputy Director, Community Programs)
**Report*

101 Grove Street **San Francisco, CA 94102-4505**

5) **FOR DISCUSSION:** **FISCAL YEAR 2001-02 SECOND QUARTER FINANCIAL REPORT**
(Monique Zmuda, DPH Chief Financial Officer)
**Report*

6) **FOR DISCUSSION:** **FISCAL YEAR 2002-03 BUDGET UPDATE**
(Monique Zmuda, DPH Chief Financial Officer)
**Update*

7) **PUBLIC COMMENT****

8) **ADJOURNMENT**

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

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Public Transportation

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
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Lee Ann Monfredini
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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, February 26, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sánchez, Jr., Ph.D.
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JANUARY 29, 2002**
**Minutes for January 29, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **ANNUAL PRIMARY CARE REPORT**
(Patricia Perez Arce, Ph.D., Primary Care Administrator)
**Report*

5) **FOR DISCUSSION:** **HEALTH AT HOME UPDATE**
(Kathy Eng, Director, Health at Home)
**Update*

6) **FOR DISCUSSION:** **JAIL HEALTH SERVICES FINANCIAL OVERVIEW**
(Monique Zmuda, DPH Chief Financial Officer)
**Report*

7) **PUBLIC COMMENT****

8) **ADJOURNMENT**

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, February 26, 2002
3:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting of the Community Health Network was called to order by Commissioner Roma P. Guy at 3:10 p.m.

Present:	Commissioner Roma P. Guy, M.S.W. Commissioner Harrison Parker, D.D.S.
Absent:	Commissioner Edward A. Chow, M.D., Commissioner David J. Sánchez, Jr., Ph.D.
Staff:	Rob Bannon, Sai-Ling Chan Sew, Lan Duncan, Kathy Eng, Pat Evans, M.D., Larry Funk, Barbara Garcia, Joe Goldenson, M.D., Diane Jones, Wiley Liu, Maria X. Martinez, Mary McCutcheon, Gene O'Connell, David Ofman, M.D., Jorge Partida, Frank Patt, Patricia Pérez-Arce, Gregg Sass, Jim Stillwell, Hiro Tokubo, Marc Trotz, Linda Wang, Monique Zmuda.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JANUARY 29, 2002

Action Taken: The Committee approved the minutes of the January 29, 2002 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Programs, Community Health Network, presented the Secretary's Report.

PROGRAM UPDATES

Medical Care at All Needle Exchange Sessions
As part of the Soft Tissue Infection Initiative, the Department has achieved the goal of providing medical care at all needle exchange sessions in San Francisco. Housing and Urban Health, in collaboration with the AIDS Office, staff two outdoor and five indoor sites each week. In total, fourteen needle exchange sites each week have medical services. The goals of this project are to engage injection drug users to treat urgent medical problems including soft tissue infections, teach HIV/HCV and abscess prevention techniques and to refer to ongoing primary care and drug treatment.

New Master-Lease SRO Hotel Opening
Housing and Urban Health is planning to open the Star Hotel, a Single Room Occupancy (SRO) hotel located at 2176 Mission Street, by the end of April 2002. The Department has master leased the site from the hotel owner and has contracted with Baker Places and John Stewart Company to provide on-site services and property management. The building has undergone a complete renovation and will provide safe and healthy housing to 54 chronically homeless persons.

Gonorrhea and Chlamydia Testing in San Francisco High Schools
In response to the over 300% increase in early syphilis cases in San Francisco last month, City Clinic staff began meeting with the SFUSD to develop protocols and implement on-campus urine, gonorrhea and chlamydia testing during 2002 for sexually active high school students. A special campaign will be developed and advertised among this population with special emphasis during April, which is National STD Awareness month.

Long Range Service Delivery Community Planning Group Meeting
The LRSD Planning project, which officially began in January 2002, is the latest phase in the SFDPH's response to SB 1953 (mandates all acute care hospitals in California to meet new seismic safety requirements in order to continue operating). The LRSD planning project is concerned with the overall allocation of health services in order to meet the future needs of the SFDPH's service population. It is hoped that at the conclusion of this project, a long range service delivery plan will then be translated into a facilities plan to rebuild San Francisco General Hospital.

On Thursday, February 21, the LRSD Community Planning Group held its first meeting. Among the issues discussed were the need to research best practices throughout county health systems, financing mechanisms, the City's responsibility to own and operate health care institutions, the possibility of waiving anti-trust laws to coordinate with other hospitals in the City, an examination of community health needs, and the need to target the Asian American community.

San Francisco General Hospital Diversion Report
The Emergency Department [ED] recorded 41 episodes of diversion for 295 hours representing a rate of 39.7% in January 2002. This is an 11.7% increase in diversion since December 2001. The 41 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total diversion	41	295	39.7%	11.7%
Trauma override	7	24	3.2%	2.6%

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 194 patients were awaiting admission to in-patient beds [ICU-17, 4B/StepDown-38, MedSurg-138]. In January of 2001, the ED was on diversion 38% of the month. Trauma Override was invoked 6% of the month in January 2001.

Total diversion was recorded for 41 episodes, a total of 295 hours or a 39.7% rate for January 2002. While on Total Diversion the ED held 194 patients.

Trauma override was recorded for 7 episodes, a total of 24 hours or a 3.2% rate for January 2002. This is a 2.6% increase in trauma override from December 2001. While on Trauma override the ED held 61 patients awaiting inpatient beds.

POLICY ISSUES

Program Analyst, Managers and Monitors Meeting

Community Programs and the AIDS Office Program Analysts, Managers and Monitors will meet on March 14, 2002 to address two division-wide initiatives, the Harm Reduction and Cultural Competence policies. The meeting will introduce the process for how these and other Health Commission Resolutions will be implemented through policy and procedure development.

Proposed Expansion Plan for 500 Additional Housing Units

With information from Housing and Urban Health, Supervisor Tom Ammiano submitted a resolution directing the Department of Public Health and the Department of Human Services to provide the Board of Supervisors with a proposed expansion plan for 500 additional units in the Direct Access to Housing Program (provides access to permanent housing for San Francisco's most vulnerable homeless population) and 500 additional units in the SRO Master Lease Program by March 31, 2002.

CONFERENCES AND PRESENTATIONS

Afrocentric Parenting Conference

The Black Infant Health Improvement Project (Bi-Hip) of the Maternal & Child Health Section is hosting the Seventh Annual Afrocentric Parenting Conference on March 8, 2002. The Conference is intended for community members, volunteers and professional agencies that re a part of or work with, and support African American families. Topics include social support and empowerment, addressing depression in our children (related to 9/11) and building provider and parent partnerships.

Black History Month Educational and Cultural Program

The African American Health Initiative's Managers of African Descent held the Second Annual Educational and Cultural Program celebrating Black History Month. The program took place on Wednesday, February 6, 2002 honoring Arthur Coleman, MD, MPH and Agnes Morton, RN, MS, MPH for their leadership, contributions and dedication to the healthcare of African Americans in the Bay Area.

Racial Disparities and Low Birth Weight Conference

On January 24, 2002 the Maternal and Child Health Program and the African American Health Initiative, in collaboration with Blue Cross, March of Dimes, the San Francisco Health Plan and the San Francisco Perinatal Forum, sponsored the Racial Disparities and Low Birth Weight Conference. Dr. Patricia Evans of Maternal and Child Health presented the San Francisco low birth weight data and maps to illustrate where the greatest problems exist.

FUNDING NEWS

Additional Proposition 36 Funding

In February 2002, the Department received an additional $325,554 for the administration of the Substance Abuse AND Crime Prevention Act (SACPA), also know as Proposition 36. The funds originate from State Senate Bill 223 (Burton), which provides funding in federal fiscal year 2001 for drug testing costs in the amount of $8.4 million statewide from the Substance Abuse and Treatment Block Grant Award In addition to purchasing drug tests, the Department will use San Francisco's allocation to hire a case manager and to increase outpatient treatment slots. These funds supplement the $2,298,950 San Francisco received in FY 2000-01 for the administration of the Act.

Community Domestic Violence Project: It is Your Business/CHORUSS

With a grant from the State Department of Health, Maxine Hall Health Center, in collaboration with the Family Violence Prevention Fund, began a program, It's Your Business/CHORUSS, in the Western Addition to reduce the rate of violence. The program attempts to reach people where they live, worship and seek care through educating residents, training health care providers, and working with clergy in domestic violence prevention activities.

Positive Health Program (PHP) Awarded Ryan White CARE Act Funding

The Positive Health Program (PHP) at SFGH was awarded Ryan White CARE Act Title IV funds for "Family-Centered HIV Care." With the funding, PHP has initiated three projects to better serve the needs of its HIV positive patients. The projects will be in collaboration with the Family Health Center also located at SFGH. In response to an increased incidence of anal dysplasia and/or carcinoma with HIV infection, the PHP started an Anal Dysplasia Clinic, and also due to increased co-infections with Hep C and HIV, it started a Liver Clinic.

QUALITY ASSURANCE

Women AND Children's Family Services Update

In their on-going monitoring capacity, Community Substance Abuse Services met with Women and Children's Family Services (WACFS) on February 12, 2002. The next meeting will take place on March 27, 2002. At a minimum WACFS must complete the following:

- Conclude Executive Director evaluation and submit a written plan of action by March 1, 2002. CSAS requests that WACFS consult with the CSAS management team prior to re-instatement of the ED or engagement of an interim ED. This includes but is not limited to a revised job description (or scope of work if interim) outlining minimum qualifications.

- Hire fiscal staff that has the confidence of the WACFS board and CSAS by March 1, 2002.
- Complete the review of the Residential Facilities Operations Director and the Residential Clinical Program Director by March 1, 2002. Submit a written plan of action including revised job descriptions with minimum qualifications.
- Develop a plan to increase board membership with management and donor capabilities and recruit three additional board members by April 30, 2002.

Bayview Hunters Point Foundation Update
At the November 6, 2001 Health Commission Meeting, Bayview Hunters Point Foundation was asked and agreed to specific recommendations outlined by the Department and to submit their position reports monthly for the Department to review. Commissioners asked that we return to the CHN Joint Conference Committee in March 2002 and to the Budget Committee of the Health Commission in May 2002 to present a formal update. The Department continues to monitor compliance with these agreements, as well as with the Sunshine Ordinance Task Force.

The Director of Community Programs has been involved over the past three months with the negotiations between the Foundation and SEIU Local 790. In February, the contract was certified.

Commissioners' Comments

- Commissioner Parker said he was glad to see the additional 1,000 housing units, and asked if some of the SRO units would be available for families. Marc Trotz responded that staff will see what can be done to develop some of these units as family housing. Commissioner Parker asked what effect drug testing for individuals released from prison would have on those individuals' freedom. Barbara Garcia replied that the proponents of Proposition 36 never intended for urine tests to be used in a punitive way. Jim Stillwell added that other State statutes require drug testing as part of methadone usage, but Proposition 36 prohibited it. The change is part of Proposition 36 clean-up legislation.
- Commissioner Guy asked what factors contributed to the high January diversion rate and San Francisco General Hospital. Gene O'Connell responded that one factor was the number of times all the hospitals in the city were on diversion. She also said that they have not been able to hire all of the additional staff that was recently approved.

4) ANNUAL PRIMARY CARE REPORT

Patricia Pérez-Arce, Ph.D., Primary Care Administrator, and David Ofman, M.D., Primary Care Medical Director presented the Annual Primary Care Report. Their guiding philosophy is community-oriented primary care. There are 17 health centers throughout the City and 19 primary care clinics. Six of these clinics are at San Francisco General Hospital. Dr. Pérez-Arce said that the Community Clinic Consortium, is a critical part of Primary Care. Dr. Pérez-Arce and Dr. Ofman discussed Primary Care services within the context of the DPH Strategic Plan.

Goal 1 – Access to Services
Children and Youth age 0-24 constitute 32% of the client population. Homeless individuals are 10% of the client population. The most frequent diagnoses represent the entire spectrum of chronic illness and health maintenance care. Linkage to primary care providers is a priority. Of the 73,193 people who visited the clinics in FY 2000-2001, 36,168 had a primary care doctor assigned. 34,662 had no provider or clinic assigned.

Goal 2 – Disease and Injury are Prevented
Dr. Pérez-Arce and Dr. Ofman discussed some of the quality improvement and prevention activities that are done by Primary Care. They highlighted the Childhood Immunization Program, which was successful due to the large effort on the part of the nurses.

Goal 3 – Services are Cost-Efficient and Resources are Maximized
Dr. Ofman discussed programs that enhance cost-effectiveness, including the Diabetes monitoring program, the Asthma Clinic/Yes We Can Partnership and Nurse Orientation Screening Clinics.

Goal 4 – Partnerships with Communities
Primary Care has a number of partnerships. Behavioral health partnerships include psychosocial medicine at Maxine Hall with UCSF, Primary Care substance use services with UCSF and the Community Mental Health Consultation Liaison with CMHS. Youth services partnerships include the Hip-Hop to Health Clinic expansion, the Dimensions Clinic, the laser tattoo removal program and the SFUSD Wellness Centers. They have a strong partnership with UCSF for teaching and training.

The future challenges for Primary Care include access issues, quality of care issues and cost-effectiveness issues.

Commissioners' Comments

- Commissioner Guy said that the State and Federal governments should be funding more primary care. 69% of the funding for our services comes from the general fund. The community needs to congratulate itself for its commitment to these services, but the State and Federal governments need to step up to the plate. She asked about the role of Public Health Nurses in Primary Care. Dr. Pérez-Arce said that the role is evolving and discussions are in progress. Commissioner Guy said that this is an important issue, and she wants further updates at the joint conference committee.

5) HEALTH AT HOME UPDATE

Kathy Eng, Director, Health at Home, presented the Health at Home annual update. Ms. Eng introduced Mary McCutcheon, Director of Client Care Services and Diane Jones, Community Home Care Coordinator.

There are two components of Health at Home: Licensed Home Health Services, focusing on acute, skilled, intermittent care of clients; and Continuing Care services for clients who are discharged from the home health service and need additional care for a time-limited period to prevent deterioration and admission into a higher level of care.

The mission of Health at Home is to provide high quality, compassionate home health care to CHN clients, and to maintain people safety in their home environments, avoiding more costly levels of institutional care and supporting independence and quality of life. Health at Home serves 715 unduplicated clients, with 17,925 visits in FY 2000-2001.

Ms. Eng discussed how the work of Health at Home aligns to the DPH Strategic Plan.

Goal 1 – Access to Services
Patients served by Health at Home live throughout San Francisco and mirror the population seen at SFGH. 70% of clients reside in the Tenderloin, Excelsior/OMI/Visitacion Valley, Potrero Hill/Bayview Hunters Point and the Mission. Nearly 50% of the clients are ethnic minorities. The average age of Health and Home clients is 58, which is younger than the regional and national norm for other home care agencies, whose average age is 73. Over 50% of Health at Home staff speak languages other than English.

Goal 2 – Disease and Injury are Prevented
Ninety percent of the unduplicated clients served by Health at Home fall within ten top clinical diagnoses. The majority of referrals come from SFGH and the community clinics. The Health at Home team structure includes a Resource Group Leader and a multi-disciplinary team that focuses its case conferences and problem solving on targeted groups of clients. Health at Home has CARE-funded home care contracts for in-home respite, clients with HIV disease living in SROs and home infusion therapy. Ms. Eng also discussed the quality management activities undertaken by Health at Home, including a patient satisfaction survey, provider satisfaction survey and quality management benchmark reports. Ms. Eng highlighted the Palliative Care team, pediatric services planning and HIV/AIDS services.

Goal 3 – Services are Cost-Efficient and Resources are Maximized
Health at Home recently moved into a prospective payment system. This necessitated a reorganized delivery system and increased clinical oversight and review as a result of increased regulations and documentation. The home care environment presents a number of safety issues, so Health at Home contracts for escort service for home visits, has safety education sessions and support sessions and documents and communicates safety information among all team members.

Goal 4 – Partnerships with Communities
Health at Home has a number of clinical linkages, including clinical rounds at SFGH and the Medical High Utilizers Program. Community partners include the SF Adult Day Health Network, AIDS Health Project, Tenderloin AIDS Resource Center and the UCSF Home Care Program. They are also involved with a number of DPH committees.

Challenges and opportunities facing Health at Home are:

- Bridge the gap in care for DPH clients in the home setting
- Link case management and other LTC resources
- Identify MD oversight for home care patients needing primary care
- Lab Services for home-bound patients
- Release of PT & RN pediatric positions for hire
- Resources need for space expansion

Dr. Ofman said that Health at Home is highly respected by primary care providers. Larry Funk said that it is one of the most important programs the Department has launched in the last five years, and it has helped keep people out of Laguna Honda Hospital.

Commissioners' Comments

- Commissioner Guy reiterated the need to have the Public Health Nurse issue comes back to the joint conference committee for further discussion, since they are an important part of the Health at Home service.

6) JAIL HEALTH SERVICES FINANCIAL OVERVIEW

Gregg Sass, CHN Chief Financial Officer, presented the Jail Health Services financial overview (Attachment A). Monique Zmuda said that there has been a historical gap between the budget for Jail Health and the expenditures. The Department has tried for a number of years to increase the budget to close this gap, but has not been successful. Joe Goldenson said that there has not been the acknowledgment that Jail Health is a 24-hour operation. He added that the Department has been supportive and has tried to increase base funding, but this has always been removed by the Mayor's Office.

Commissioners' Comments

- Commissioner Parker asked of the census at the jail fluctuates. Dr. Goldenson said the census is stable for long periods of time. However, the patients are increasingly sicker, and more and more have mental health problems.
- Commissioner Guy said that the Commission and the staff continually need to advocate at City Hall for adequate funding for Jail Health. She said that members of the Board of Supervisors should visit the jail to see the range of services provided. Ms. Zmuda said she would extend that offer.

7) PUBLIC COMMENT

None.

8) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Jail Health Services

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	2	2	0	n/a	Fees/Cafeteria/Misc (includes lease income)	26	25	1	4.0%	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	0	0	0	n/a	Carryforward	0	0	0	n/a	23
24	2	2	0	n/a	TOTAL OTHER OPERATING REVENUE	26	25	1	4.0%	24
25										25
26	2	2	0	n/a	TOTAL OPERATING REVENUE	26	25	1	4.0%	26
27										27
28					OPERATING EXPENSES:					28
29	1,260	1,209	(51)	-4.2%	Personnel Services	15,557	14,509	(1,048)	-7.2%	29
30	243	216	(27)	-12.5%	Mandatory Fringe Benefits	3,003	2,593	(410)	-15.8%	30
31	420	420	0	n/a	Non-personal Services	5,040	5,040	0	n/a	31
32	156	147	(9)	-6.1%	Materials and Supplies	1,870	1,770	(100)	-5.6%	32
33	5	5	0	n/a	Facilities Maint. & Capital Outlay	60	60	0	n/a	33
34	52	52	0	n/a	Services of Other Departments (workorders)	618	618	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
	(78)	(86)	(8)	-9.3%	Expenditure Recovery	(934)	(1,037)	(103)	-9.9%	
38	2,058	1,963	(95)	-4.8%	TOTAL OPERATING EXPENSES	25,214	23,553	(1,661)	-7.1%	38
39										39
40	(2,056)	(1,961)	(95)	-4.8%	OPERATING INCOME/(LOSS)	(25,188)	(23,528)	(1,660)	(0)	40
41										41
42					NON-OPERATING REVENUE:					42
43	1,961	1,961	0	n/a	General Fund	23,528	23,528	0	n/a	43
44	1,961	1,961	0	n/a	TOTAL NON-OPERATING REVENUE	23,528	23,528	0	n/a	44
45										45
46	(95)	0	(95)	n/a	NET INCOME/(LOSS)	(1,660)	0	(1,660)	n/a	46

Attachment A 5.10

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, March 26, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

:01 RCVD

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF FEBRUARY 26, 2002**
**Minutes for February 26, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **HARM REDUCTION POLICY IMPLEMENTATION UPDATE**
(Rob Bannon, Health Planner, Community Programs)
**Report*

5) **FOR DISCUSSION:** **MATERNAL CHILD HEALTH UPDATE**
(Mildred Crear, Director, Maternal Child Health)
**Report*

6) **FOR DISCUSSION:** **MENTAL HEALTH, SUBSTANCE ABUSE AND HOUSING FINANCIAL OVERVIEW**
(Larry Doyle, PHP Chief Financial Officer)
**Report*

7) **EMERGING ISSUES**

8) **PUBLIC COMMENT****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, March 26, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Edward A. Chow, M.D. called the meeting of the Community Health Network Joint Conference Committee to order at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Al Abramowitz, Rob Bannon, Sai-Ling Chan-Sew, Wayne Clark, Mildred Crear, Larry Doyle, Patricia Evans, M.D., Larry Funk, Barbara Garcia, Maria X. Martinez, Gene O'Connell, Frank Patt, Patricia Perez-Arce, Ph.D., Jim Stillwell, Marc Trotz, Anthony Wagner

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF FEBRUARY 26, 2002

Action Taken: The Committee approved the minutes for the February 26, 2002 meeting of the Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Programs, Community Health Network, presented the Secretary's Report.

Program Updates

Public Health Week

In commemoration of this year's National Public Health Week (observed April 1-7, 2002), Ms. Garcia will present some of the innovative programs the Department has developed to address the leading health problems in San Francisco. Public Health Week is intended to educate Californians about the great work achieved by California's public health system in protecting every one from preventable disease, disability, and death.

San Francisco Overview of Health

The 2002 Overview of Health will be available starting April 2nd. The Overview of Health is released annually during Public Health Week and provides a broad view of the health and well being of San Francisco's population. It includes the latest available data on important aspects of health and on the major conditions that contribute to patterns of health, illness and injury. Copies of the Overview are available on-line at DPHNet.

Harm Reduction Month

DPH has declared April "Harm Reduction Month" and planned a series of events to increase knowledge and generate discussion on the subject. Harm reduction is a philosophy which promotes methods of reducing the physical, social, emotional and economic harms associated with drug and alcohol use and other harmful behaviors. Harm reduction methods and treatment goals are free of judgement or blame and directly involve the client in setting their own goals.

The Department has long been an advocate for harm reduction and is currently adopting a harm reduction policy to be implemented over the next two years. The policy will require certain DPH publicly funded programs to include harm reduction treatment options into their program design and objectives, and how they will provide harm reduction treatment options. For more information on harm reduction and DPH related activities please visit: **www.dph.sf.ca.us/harmreduction**

UCSF Mammography Van at Primary Care Clinics

On March 12, 2002 a UCSF mammography van began traveling to various Health Centers to increase access to mammography services for female patients. This service had not been available for about two years, resulting in long wait periods for mammography appointments. On the first mammogram day at the van, the show rate was almost 100%.

Patient Flow Exercise

During FY 2000-01 patients who no longer met the criteria for acute days occupied an average of 18 beds at SFGH and the Fee for Service (FFS) hospitals. The Department has begun a coordinated effort with the goal of reducing administrative days to as close to zero as possible. Meetings have already begun with care providers to brainstorm pathways to quick discharge. Another group is looking at policies that impede patient flow. It is already apparent that some efficiency may be realized by having staff from a variety of settings work together more collaboratively.

Long Range Service Delivery (LRSD) Planning Process

On April 10, 2002 the LRSD group will meet to discuss Trauma, OB and Peds, Ambulatory Care, Expanding Target Populations and Collaboration, and Psychiatry. Specifically, the groups will address the following:

- Future Community Needs and Volume
- Roles and Plans of Other Hospitals
- Impact of Patient Management and Community Alternatives Programs
- Impact of Technology and Pharmacology
- Programmatic Assumptions
- Ability/Desire to Attract Insured Populations
- Location/Service Distribution

Subsequent meetings will discuss the bed size, capacity, and location issues related to this planning. By the final meeting in June 2002, the LRSD Program Plan will then be translated into the Institutional Master Plan/Facility Planning process. A financial analysis will be conducted in preparation for a general obligation bond. SB 1953 mandates that the new hospital be rebuilt by 2013.

Conferences and Presentations

Methadone Expansion Programs Presentation

On March 13, 2002, Bob Cabaj, M.D., David Hersh, M.D., and Alice Gleghorn, Ph.D., gave a presentation at a tri-agency meeting of the California Department of Alcohol and Drug Programs (ADP), the Drug Enforcement Agency (DEA), and the federal Center for Substance Abuse Treatment (CSAT). The talk focused on the Department of Public Health's implementation plan for two innovative methadone service programs: the Mobile Methadone Treatment program (methadone van), and the Office-Based Opiate Addiction Treatment program (OBOAT).

Both OBOAT and the van are new models of methadone treatment in California, and have the potential to significantly expand treatment access for heroin addicts. The March 13th meeting provided the opportunity for the three agencies, which monitor or regulate methadone treatment in California, to review and discuss pilot implementation plans. The presentation was well received, and DPH plans to continue its close collaboration with these agencies to successfully implement and evaluate these pilot programs.

Afrocentric Parenting Conference

On Friday, March 8, 2002 the Black Infant Health Improvement Project (BIH) of CHES held its Seventh Annual Afrocentric Parenting Conference. The theme of the conference: "Supporting Healthy Families/Exploring Psychosocial, Educational and Spiritual Aspects of Healthy Parenting," was addressed in two parts with a keynote presentation in the morning and a panel discussion after lunch. The keynote speaker, Reverend Calvin Jones of Providence Baptist Church, spoke before a group of approximately 150 community providers, residents and clients. Rev. Jones, who also has many years of experience as a social worker in the S.F. community, delivered an inspiring address on the spiritual aspects of healthy parenting. His address was followed by a spirited Q&A period.

Funding News

Southeast Child and Family Therapy Center Funding

The Southeast Child and Family Therapy Center received funding from Rebuilding Together (formerly Christmas in April) for redecorating at its Bennington Street site, which houses an infant-parent group program. The work is expected to be completed by the end of April.

Quality Assurance

Women and Children Family Services (WACFS)
The WACFS Board has accepted the Executive Director's resignation, effective February 20, 2002. The agency is to submit a revised Policies and Procedures Manual and Participant Handbook for CSAS approval by March 31, 2002, including curricula, treatment planning and charting policies, grievance policies, etc. per DADP Standards. CSAS has directed WACFS to stop all new intakes (effective February 15, 2002) into their residential facilities to get a handle on client safety, well being and treatment appropriateness. In order to address short-term cash flow problems and the cessation of referrals, the FY 2000/01 contract may be modified from fee-for-service to cost reimbursement.

Commissioners' Comments

- Commissioner Chow asked how the patient flow exercise differed from the work of the Bridge Committee. Gene O'Connell replied that the patient flow exercise was very focussed on how to get the mental health patients through the system. The Bridge Committee is focussed on all CHN patients. Ms. O'Connell said that at some point there may need to be a clarification of where the processes meet so that there is no duplication of effort. Ms. Garcia added that eventually the Bridge Committee might need to be revisited because an integrated placement system is probably the most optimal. Commissioner Chow asked if the OBOAT program had started yet, and Ms. Garcia said that it has not begun yet, but she anticipates that it will begin before the next fiscal year.

4) HARM REDUCTION POLICY IMPLEMENTATION UPDATE

Rob Bannon, Health Planner, Community Programs, presented the Harm Reduction Policy Update. In September 2000, the Health Commission adopted a resolution supporting harm reduction treatment options for substance abuse services and HIV treatment and prevention services. An oversight committee was formed in September 2001 with the goal of developing a draft harm reduction policy. The purpose of the policy is to promote healthy behavior and decrease the short and long-term adverse consequences of risk practices, even for those who continue unsafe practices.

There are two components of the policy, provision of services and access to services. Services shall be consistent with the harm reduction philosophy. With regard to access to services, providers shall not turn a client from treatment because the client arrived for treatment under the influence, clients shall not be denied access to services on the basis of their use of prescribed medication, and prior to discharge, providers shall attempt to find alternative treatment.

Mr. Bannon said that the draft policy is being reviewed by a number of different groups, including the Population Health and Prevention Joint Conference Committee and the Community Health Network Joint Conference Committee. There will be training for both DPH and contract staff. The FY 2002-03 contracts will include a MOU introducing the contract. In FY 2003-04, DPH contractors will be required to provide services in compliance with the Harm Reduction Policy.

Commissioners' Comments

- Commissioner Chow asked if there has been any discussion about the client's responsibility in a harm reduction model. What if a client is disruptive, and how do we ensure that this policy treats both providers and clients fairly? Mr. Bannon said that the policy will be modified to fit each program. The policy has been refined to say that if a patient is uncooperative, they are to return to the program at a later time. Barbara Garcia added that the policy does not remove the client's responsibility for his own care. In terms of safety, violence will not be tolerated in any program. Also, this policy does not take away abstinence programs. Commissioner Chow asked if other cities emphasize harm reduction. Ms. Garcia said yes, particularly with HIV and methadone programs, although in some places harm reduction is viewed negatively.

5) MATERNAL CHILD HEALTH UPDATE

Mildred Crear, Director, Maternal Child Health, and Patricia Evans, M.D., presented the Maternal Child Health (MCH) Update. MCH has four goals: all children are born healthy to healthy mothers; no health status disparities among racial/ethnic, gender, economic and regional groups; a safe and healthy environment for women, children and their families; and equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.

The MCH Programs are:

- Children's Medical Services – includes California Children Services (CCS) and CHDP
- Family Planning/HIV Services
- Maternal and Child Health – includes Black Infant Health, Child Care, Comprehensive Perinatal Services, Fetal and Infant Mortality Review, Perinatal Outreach and Education, Hospital Liaison and Prenatal Care Coordinator.
- Nutrition Services – Includes the "Feeling Good" Project and Women, Infant and Children's (WIC) program.

Ms. Crear said that there is a lot of integration within the system. There is staff at primary care clinics, at the Department of Human Services and other places.

Dr. Evans presented two products that have been developed over the past year: the Maternal and Child Health Brochure and the Maternal Infant Health Report Care. The products effectively address some of the Strategic Plan goals and objectives. Dr. Evans said that the report card looks at six key health indicators based on the Healthy People 2000 objectives. MCH has done exceptionally well with teen births. However, they have not met the objective for rates of low birth weight babies.

Commissioners' Comments

- Commissioner Sanchez asked if there are collaborative efforts with the San Francisco Health Plan, the schools and other programs serving children. Ms. Crear said that they have a memorandum of understanding with the health plans and meet quarterly. She is also restarting the City's school health planning work group.

- Commissioner Guy emphasized that the MCH programs are a critical part of the delivery system, both in terms of service delivery and data collection. It would be helpful if the report care was presented to the Hospital Council and the Building a Healthy San Francisco Collaborative. She said that linkages to homeless families and families living in SROs are very important. She asked what services are provided to older foster care children who are in transition to independence. Ms. Crear said that nurses are assigned to the Transitional Services Unit in the Department of Human Services and that they work closely together.

- Commissioner Chow recommended that the report be presented to the full Health Commission in the next few months. That presentation should emphasize the linkages with the various DPH programs—mental health, primary care, San Francisco General Hospital—and with outside agencies.

6) MENTAL HEALTH, SUBSTANCE ABUSE AND HOUSING FINANCIAL OVERVIEW

Larry Doyle, PHP Chief Financial Officer, presented the Mental Health, Substance Abuse and Housing Financial Overview. Maternal and Child Health has a budget of approximately $15.3 million with 156 employees. The services are delivered almost exclusively be Civil Service Staff. The general fund contribution comprises 16^ of the total revenue budget. General fund dollars are completely matched so any reductions impact departmental revenues.

Mental Health has a budget of $151 million and has 525 employees. Approximately 70% of Mental Health's services are delivered by contracted community agencies. The general fund contributes $41 million. With its large revenue stream dependent on the State, the mental health system needs to report back to the State as well as the City and County in numerous financial areas.

The Substance Abuse budget totals $64 million, and has 67 employees. The general fund accounts for a little more than half of their funding. State Alcohol and Medi-Cal revenues total $20 million. Proposition 36 and grants are the other major sources of funding. The service delivery system is totally contractual. Like Mental Health, CSAS also has oversight from the State as well as the City. These two areas are by far the most complex of the Population Health and Prevention Section from a financial perspective.

Housing and Urban Health has a general fund budget of $8.5 million, and have $381,000 in grants. They employ 10 people. The also receive additional funding from federal, state and private agencies, which are budgeted in other divisions of the Health Department. Total contracts under their administration is $17 million. While small, no division has received more focus and resource growth in the last several years.

Commissioners' Comments

- Commissioner Guy said that the great work of the Department's Housing and Urban Health division has done would position the Department well in terms of Governor Davis proposed homeless initiatives.

- Commissioner Chow asked that the Finance Report be sent to the other commissioners along with the minutes.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENT

None.

9) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, April 23, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MARCH 26, 2002**
**Minutes for Marchy 26, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Programs, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **THIRD QUARTER FINANCIAL REPORT**
(Monique Zmuda, Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **ANNUAL HOMELESS PROGRAM UPDATE**
(Anne Kronenberg, Director of Policy and Planning)
**Update*

6) **FOR DISCUSSION:** **ANNUAL HOUSING UPDATE**
(Marc H. Trotz, Director of Housing and Urban Health)
**Update*

7) **FOR DISCUSSION:** **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, April 23, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The Community Health Network Joint Conference Committee meeting was called to order by Commissioner Edward Chow at 3:15 p.m.

Present:	Commissioner Edward A. Chow, M.D., Chairperson Commissioner Roma P. Guy, M.S.W. Commissioner David J. Sánchez, Jr., Ph.D. – arrived at 3:30 p.m.
Staff:	Sai-Ling Chan Sew, Larry Doyle, Larry Funk, Barbara Garcia, Anne Kronenberg, Frank Patt, Gregg Sass, Jim Soos, Jim Stillwell, Marc Trotz, Tony Wagner, Monique Zmuda.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MARCH 26, 2002

Action Taken: The Committee approved the minutes for the March 26, 2002 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Programs, Community Health Network, presented the Secretary's Report.

COMMUNITY PROGRAMS UPDATES

Harm Reduction Month Winding Down

Over two hundred DPH staff, providers and community members have participated in seven events that have taken place over the month of April, declared Harm Reduction Month by the Department. Three more events, including a panel discussion on the political and legal implications of harm reduction, are scheduled to take place. These remaining events will continue the discussion of harm reduction and the implications of integrating the Department's policy into practice. For more information about harm reduction and detail of the remaining Harm Reduction events, please visit **www.dph.sf.ca.us/harmreduction.**

Skillbuilder Goes On-line

The Community Programs training and staff development newsletter, the *Skillbuilder,* will be published in paper format for the last time in May 2002. Future issues will be made available to staff on the DPH Intranet starting with the August through December 2002 issues. This is being done to save on printing costs but will allow updates and modifications to be made as needed.

PROGRAM UPDATES

Day Laborers Project Update

Last year, the Occupational and Environmental Health Section initiated a collaboration between the Labor Occupational Health Program, Cal-OSHA, Occupational Health Branch of the State Department of Health Services, Instituto Laboral de la Raza and the San Francisco Day Laborer Program, to build a health and safety program for day laborers. Over the past 10 months, the collaboration has provided 12 training sessions each with over 50 participants, on subjects ranging from back injury prevention to accessing health services and benefits for an occupational injury and have also provided laborers with samples of personal protective equipment.

Programs Relocating to the Heart of the Mission

Mission Mental Health Services (outpatient clinic) and the Mission ACT program (one of three single points of responsibility programs) have just moved to their new offices at 2712 Mission Street. These programs serve about 1400 clients annually, most of who reside in the Mission area. staff who are bilingual in Spanish/English are available to provide treatment and case management services. The clinic uses a harm reduction approach to the dually diagnosed, providing assessment, acupuncture services and harm reduction groups. The staff has also developed a successful approach to responding to the volume of requests for service. The site, newly renovated, is located in the heart of the Mission District of the City, at Mission and 23rd Streets. The Community Mental Health Services residential care support, bed committee and long term care staffs will soon relocate and join these programs at this site.

AB 3632 Transition

As of May 1st, 2002 a civil service unit will be created to provide AB 3632 assessment service for children and youth enrolled in special education. This function was previously performed by a unit under Family Service Agency. AB 3632 Assessment and Case Management are services mandated by the State for special education students who are experiencing learning difficulties as a result of having emotional problems. Since this is essentially a centralized intake function, the Department negotiated with Family Service Agency to convert the unit from contract to civil service status. The unit will be housed temporarily at 1380 Howard Street, pending the identification of a permanent site.

Staff Training, Recruitment, and Retention Focus Group

At the request of the California Institute of Mental Health (CIMH), the Child, Youth and Family Section of CMHS and the Child Welfare Section of DHS organized an ethnic focus group for African American social workers to discuss issues around training, recruitment, and retention. The focus group was held on March 26, 2002 and was well attended by African American social workers from both departments. This is one of four ethnic focus groups held statewide by CIMH to inform the State Department of Mental Health of the barriers in the recruitment and retention of minority mental health professionals. Information collected from the focus groups will be reviewed by CIMH to make recommendations to the State Department of Mental Health and the Legislature.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 36 episodes of diversion for 221.5 hours representing a rate of 29.8% in March 2002. This is a 15.4% decrease in diversion since February 2002.

The 36 episodes of diversion are categorized as follows:

A Diversion Type	Number of Episodes	B Hours	C Rate	% Change from Previous Month
Total Diversion	36	221.5	29.8	15.4%
Trauma Override	5	14	1.9%	8%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 213 patients were awaiting admission to in-patient beds [ICU-11, 4B/StepDown-64, MedSurg-138]. In March 2001, the ED was on diversion 22% of the month. Trauma Override was invoked 1.5% of the month in March 2001.

Total Diversion was recorded for 36 episodes, a total of 221.5 hours or a 29.8% rate for March 2002. While on Total Diversion the ED held 213 patients.

Trauma Override was recorded for five episodes, a total of 14 hours or a 1.9 % rate for March 2002. This is an 8% decrease in Trauma Override from February 2002. While on Trauma Override the ED held 29 patients awaiting inpatient beds.

CONFERENCES AND PRESENTATIONS

Homeless Perinatal Conference

The 6th Annual San Francisco Bay Area Regional Homeless Perinatal Conference will take place Friday, May 3, 2002, in Richmond CA. Roma P. Guy, Vice President of the San Francisco Health Commission, will be the keynote speaker. Ms. Guy is the Director of the Bay Area Homelessness Program at San Francisco State University, as well as an Instructor and Program Associate at San Francisco State University.

The workshop will also feature a morning panel discussing how different Bay Area communities are tackling homelessness and six afternoon workshops.

FUNDING NEWS

Program for Firesetters

Comprehensive Child Crisis Program will receive a work order from the San Francisco Fire Department to further its collaborative work with the SFFD in providing outreach and clinical service to junior firesetters. SFPD recently received a FEMA grant for both fire prevention education and the Junior Firesetter Project. The Junior Firesetter Project is a collaboration of the following public department partners: SFPD, SFUSD, DPH, and DHS, with the SFPD Arson Investigation unit providing the lead.

QUALITY ASSURANCE

Women and Children's Family Services Update

Community Substance Abuse Services met with the staff from Women and Children's Family Services (WACFS) on April 4, 2002. WACFS provided an update on technical compliance and required milestones. WACFS responded to all outstanding matters raised in monitoring reports; minor building repairs were completed; operations manual updated; and, they are awaiting SAMHSA technical assistance unit review. Barbara Garcia reiterated DPH's position that WACFS will continue to operate MIA House, Pomeroy House and Lee Woodward; DPH would have successor agencies operate DePaul House and Aviva House. Jorge Partida stated that DPH expects to transfer management of DePaul soon, but that it is uncertain when the management of Aviva will be transferred.

Ms. Garcia informed the committee that Mission Mental Health would be moving to 2712 Mission Street, and suggested that the Community Health Network Joint Conference Committee holds a meeting there once the facility is opened.

Commissioners' Comments

- Commissioner Guy commented that at the Health Commission meeting at Mission High School there was much testimony about the experiences of day laborers—from violence at work to sexual exploitation. She asked if these incident are being documented, and said that the Health Department needs to be paying attention to this issue. Ms. Garcia responded that the Department should incorporate the needs of day laborers into its current efforts.

- Commissioner Chow concurred and said that the testimony at the Mission meeting made him aware that the needs of the day laborers were a health issue. He plans to visit the program. Commissioner Chow asked staff to make a presentation to the Joint Conference Committee on the Department's school-based programs and other linkages with the School District. He commented that there is an effort at the California Medical Association to deal with obesity and nutrition on school campuses, and it would be interesting to hear what San Francisco schools are doing to address this issue.

4) THIRD QUARTER FINANCIAL REPORT

Monique Zmuda, Chief Financial Officer, presented the Third Quarter Financial Report for the entire department (Attachment A). The Department projects a $5 million surplus over and above what was reported in the six month report. This increase is largely the result of increased realignment, cost report enhancements and a little more savings in Population Health and Prevention due to delay start up for some programs.

Gregg Sass presented the financial reports for Primary Care, Health at Home and Jail Health (Attachment B). The biggest impact on Primary Care's revenues has been the move to the prospective payment system. In addition work order recovery is less than budgeted, with an equal reduction in services. Health at Home's budget is on target. Jail Health continues to exceed budget, which is expected and the result of a long-time institutional problem. Mr. Sass said that this will not be fixed in the next fiscal year.

Larry Doyle reported the finances for Mental Health, Substance Abuse, Maternal and Child Health and Housing and Urban Health. Combined these divisions are showing a surplus of $8.7 million. Revenues are up by $2 million and expenditures are $6.2 million below budget.

Commissioners' Comments

- Commissioner Chow asked if the Departments will get to keep the $5 million in additional surplus. Ms. Zmuda said the Mayor's Office has agreed to return $15 million of the surplus, but beyond that there have been no decisions.

5) ANNUAL HOMELESS PROGRAM UPDATE

Anne Kronenberg, Director of Policy and Planning, presented the Annual Homeless Program Update.

Demographics of SF Homeless

- On any given night there are between 8,000 and 14,000 homeless people in San Francisco—a 30% increase since 2000.
- 75% single adults; 25% families
- 2/3 of the homeless population is male
- veterans represent 1/5 of the homeless population
- 2/5 suffer from mental illness
- 1/3 Domestic Violence Victims
- 14% have HIV/AIDS
- 15% are youth

Ms. Kronenberg said that this report is the first time the Department has been able to get a global view of the services the Department provides to homeless individuals. The report is broken into a number of different areas, using the continuum of care matrix. DPH has a number of programs that serve the homeless community, of which there are four types:

Prevention – Services designed to prevent homelessness or prevent its secondary effects. Includes education, health promotion, testing and screening, adherence support and primary care.

Emergency/Front End – Services delivered in an emergency setting and/or on a short term or intermittent basis. Generally delivered for one month or less, and accessed through drop-in centers, shelters, emergency departments and urgent care settings.

Transitional Services – Services delivered for a finite period aimed at achieving greater levels of health and/or housing stability. Typically delivered for one to two months, and include detoxification, time-limited residential treatment and transitional housing.

Long Term Stabilization Services – Designed to keep newly or marginally housed individuals in stable housing. Not time limited and include outpatient treatment, supportive housing, services linked to permanent housing, rent subsidies, childcare and vocational and employment services.

Outreach services and case management services are part of each part of the continuum of care.

Commissioners' Comments

- Commissioner Guy commented that the Department and the City are trying to create a system to solve a pre-existing problem, which is difficult. The problem has not been addressed systematically. She said that many of the issues that will be raised, and some of the recommendations, will be controversial, for example the implementation of a tracking system. But the Department should not be afraid to present its position to the Commission and ask for support.

- Commissioner Sanchez said that the data and the clarity provided by the report are needed. He also noted that San Francisco has a standard, operational definition of homelessness, which other cities and counties do not have.

- Commissioner Chow asked for more information about where the homeless are geographically, and if this has changed over time. Ms. Kronenberg said that one of the frustrations she encountered when preparing this report was that data is not reported or tracked consistently throughout the Department. The internal Homeless Coordinating Committee will develop a standardized data reporting system.

6) ANNUAL HOUSING UPDATE

Marc H. Trotz, Director of Housing and Urban Health, presented the Annual Housing Update. Housing and Urban Health funds four categories of housing. Permanent housing includes direct access to housing, non-profit owned housing and tenant-based subsidies. Transitional housing is intensive on-site programs targeted to specific populations and the length of stay is from 3 to 24 months. Emergency/Stabilization provides stabilization services to medically/behaviorally complex clients while a longer-term placement is identified. The length of stay is usually up to eight weeks. Direct Medical Services are street-based medical services not directly tied to housing programs.

Mr. Trotz described the next steps for Housing and Urban Health:

1. Medi-Cal rate for supportive housing. The scope of Medi-Cal benefits must be expanded to include supportive housing.

2. Centralized access to stabilization beds

3. Creating new housing settings that are responsive to the Department's institutions.

Commissioners' Comments

- Commissioner Chow said that the State needs to do much more to help local governments address homelessness. Without AB 2034, the State would fund almost nothing. He asked staff to develop recommendations for statewide policy and get support from the Health Commission for these recommendations.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Olson
Executive Secretary to the Health
Commission

Attachments (2)

Preliminary 3rd Quarter (8 Month) Financial Statement
FY 01-02

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget (1)	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 477,565,000	$ 488,442,000	$ 10,877,000	$ 477,565,000	$ 481,022,000	$ (3,457,000)	7,420,000
Laguna Honda	139,391,000	151,053,000	$ 11,662,000	$ 139,391,000	139,784,000	(393,000)	11,269,000
Primary Care	49,455,000	49,948,000	493,000	$ 49,455,000	47,450,000	2,005,000	2,498,000
Health at Home	4,999,000	4,803,000	(196,000)	$ 4,999,000	4,835,000	164,000	(32,000)
Jail Health	24,590,000	24,488,000	(102,000)	24,590,000	26,456,000	(1,866,000)	(1,968,000)
Public Health	90,456,000	91,771,000	1,315,000	90,456,000	89,302,000	1,154,000	2,469,000
Mental Health	163,781,000	166,025,000	2,244,000	163,781,000	159,869,000	3,912,000	6,156,000
Substance Abuse	63,852,000	65,022,000	1,170,000	63,852,000	62,344,000	1,508,000	2,678,000
Subtotal	**1,014,089,000**	**1,041,552,000**	**27,463,000**	**1,014,089,000**	**1,011,062,000**	**3,027,000**	**30,490,000**
FY 01-02 GF Reduction (2)		(10,400,000)	(10,400,000)				(10,400,000)
TOTAL DPH	**1,014,089,000**	**1,031,152,000**	**17,063,000**	**1,014,089,000**	**1,011,062,000**	**3,027,000**	**20,090,000**

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

(2) Per General Fund reduction Plan

Attachment A
Page 1 of 1

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

February 28,2002

(In Thousands of Dollars)

YEAR TO DATE					ANNUAL			
		Fav/(Unfav)					Fav/(Unfav)	
Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var
				NET PATIENT SERVICE REVENUE:				
99,386	101,365	(1,979)	(0)	Medi-Cal Revenue	171,774	157,128	14,645	0
32,575	39,299	(6,724)	(0)	Medicare Revenue	47,996	58,936	(10,940)	(0)
44,176	28,913	15,263	1	Other Patient Revenue	65,651	43,397	22,254	1
(16,179)	(17,737)	1,558	0	Provision for Bad debt	(24,246)	(26,600)	2,354	0
159,958	151,840	8,118	0	TOTAL NET PATIENT SERVICE REVENUE	261,175	232,861	28,314	0
				OTHER OPERATING REVENUE:				
194	7,297	(7,104)	(1)	Short Doyle (Community Mental Health Service)	10,946	10,946	0	n/a
12,157	24,360	(12,202)	(1)	Short Doyle M/Cal	39,177	36,540	2,637	0
4,313	4,443	(129)	(0)	MAA/TCM	6,320	6,664	(344)	(0)
84,122	84,122	0	n/a	SB855	126,183	126,183	0	n/a
13,133	14,467	(1,334)	(0)	SB1255	19,700	21,700	(2,000)	(0)
867	867	0	n/a	GME	1,300	1,300	0	n/a
6,175	6,175	0	n/a	Capitation/Managed Care Settlement	9,263	9,263	0	n/a
8,112	10,816	(2,704)	(0)	State Alcohol	16,657	16,224	433	0
6,875	4,584	2,291	0	Proposition 36	6,876	6,876	0	n/a
83,414	93,139	(9,725)	(0)	State Realignment	142,149	139,709	2,441	0
3,602	3,689	(88)	(0)	Prop 99 AB75	5,534	5,534	0	n/a
1,411	4,696	(3,286)	(1)	Other State (CCS and State Mandated Cost)	5,685	7,045	(1,359)	(0)
6,183	10,603	(4,420)	(0)	Fees/Cafeteria/Misc (includes lease income)	15,652	15,902	(250)	(0)
13,883	21,047	(7,164)	(0)	Workorder Recovery	29,160	31,567	(2,407)	(0)
3,897	3,897	0	n/a	Transfer In and Project Related	5,846	5,846	0	n/a
22,195	22,195	0	n/a	Carryforward	33,292	33,292	0	n/a
270,532	316,396	(45,864)	(0)	TOTAL OTHER OPERATING REVENUE	473,740	474,590	(850)	(0)
430,490	468,237	(37,747)	(0)	TOTAL OPERATING REVENUE	734,915	707,451	27,464	0
				OPERATING EXPENSES:				
247,551	251,509	3,958	0	Personnel Services	381,178	378,395	(2,783)	(0)
59,649	60,421	772	0	Mandatory Fringe Benefits	92,683	90,868	(1,815)	(0)
227,465	210,609	(16,856)	(0)	Non-personal Services	317,849	319,441	1,592	0
38,841	38,410	(431)	(0)	Materials and Supplies	58,684	57,615	(1,069)	(0)
9,536	10,681	1,144	0	Facilities Maint. & Capital Outlay	14,622	16,022	1,400	0
30,148	27,184	(2,965)	(0)	Services of Other Departments (workorders)	39,074	40,776	1,702	0
63,483	65,483	2,000	0	Operating Transfer Out	95,225	98,225	3,000	0
3,419	3,419	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a
4,412	5,078	666	0	Projects	6,618	7,618	1,000	0
684,504	672,793	(11,711)	-1.7%	TOTAL OPERATING EXPENSES	1,011,062	1,014,089	3,027	0.3%
(254,014)	#####	(49,457)	(0)	OPERATING INCOME/(LOSS)	(276,147)	(306,638)	30,491	0
				NON-OPERATING REVENUE:				
202,138	202,138	0	n/a	General Fund	306,638	306,638	0	n/a
202,138	202,138	0	n/a	TOTAL NON-OPERATING REVENUE	306,638	306,638	0	n/a
(51,876)	(2,418)	(49,457)	n/a	NET INCOME/(LOSS)	30,490	(0)	30,490	n/a

Primary Care

STATEMENT OF REVENUE AND EXPENSES

February 28, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	4,832	2,723	2,109	77.5%	Medi-Cal Revenue	6,471	4,085	2,386	58.4%	1
2	503	783	(280)	-35.8%	Medicare Revenue	754	1,174	(420)	-35.8%	2
3	498	533	(35)	-6.6%	Other Patient Revenue	745	800	(55)	-6.9%	3
4	(497)	(800)	303	37.9%	Provision for Bad debt	(746)	(1,200)	454	37.8%	4
5	5,336	3,239	2,097	64.7%	TOTAL NET PATIENT SERVICE REVENUE	7,224	4,859	2,365	0	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	932	932	0	n/a	MAA/TCM	1,399	1,399	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	496	496	0	n/a	Capitation/Managed Care Settlement	744	744	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	410	777	(367)	-47.2%	Fees/Cafeteria/Misc (includes lease income)	615	1,165	(550)	-47.2%	20
21	2,596	3,477	(881)	-25.3%	Workorder Recovery	3,893	5,215	(1,322)	-25.3%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	947	947	0	n/a	Carryforward	1,420	1,420	0	n/a	23
24	5,381	6,629	(1,248)	-18.8%	TOTAL OTHER OPERATING REVENUE	8,071	9,943	(1,872)	-18.8%	24
25										25
26	10,717	9,868	849	8.6%	TOTAL OPERATING REVENUE	15,295	14,802	493	3.3%	26
27										27
28					OPERATING EXPENSES:					28
29	18,982	20,015	1,033	5.2%	Personnel Services	29,168	30,021	853	2.8%	29
30	4,592	4,409	(183)	-4.2%	Mandatory Fringe Benefits	7,056	6,613	(443)	-6.7%	30
31	2,054	2,514	460	18.3%	Non-personal Services	3,082	3,772	690	18.3%	31
32	1,021	1,021	0	n/a	Materials and Supplies	1,532	1,532	0	n/a	32
33	3,554	4,220	666	15.8%	Facilities Maint. & Capital Outlay	5,331	6,331	1,000	15.8%	33
34	854	791	(63)	-8.0%	Services of Other Departments (workorders)	1,281	1,186	(95)	-8.0%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	31,057	32,970	1,913	5.8%	TOTAL OPERATING EXPENSES	47,450	49,455	2,005	4.1%	38
39										39
40	(20,340)	(23,102)	2,762	12.0%	OPERATING INCOME/(LOSS)	(32,155)	(34,653)	2,498	0	40
41										41
42					NON-OPERATING REVENUE:					42
43	23,102	23,102	0	n/a	General Fund	34,653	34,653	0	n/a	43
44	23,102	23,102	0	n/a	TOTAL NON-OPERATING REVENUE	34,653	34,653	0	n/a	44
45										45
46	2,762	0	2,762	n/a	NET INCOME/(LOSS)	2,498	0	2,498	n/a	46

Health at Home

STATEMENT OF REVENUE AND EXPENSES

February 28, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	306	397	(91)	-22.9%	Medi-Cal Revenue	458	596	(138)	-23.2%	1
2	508	508	0	n/a	Medicare Revenue	763	763	0	n/a	2
3	20	20	0	n/a	Other Patient Revenue	30	30	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	834	925	(91)	(0)	TOTAL NET PATIENT SERVICE REVENUE	1,251	1,389	(138)	(0)	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	354	395	(41)	-10.4%	Workorder Recovery	531	589	(58)	-9.8%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	4	4	0	n/a	Carryforward	6	6	0	n/a	23
24	358	399	(41)	-10.3%	TOTAL OTHER OPERATING REVENUE	537	595	(58)	-9.7%	24
25										25
26	1,192	1,324	(132)	-10.0%	TOTAL OPERATING REVENUE	1,788	1,984	(196)	-9.9%	26
27										27
28					OPERATING EXPENSES:					28
29	2,163	2,374	211	8.9%	Personnel Services	3,352	3,561	209	5.9%	29
30	528	522	(6)	-1.1%	Mandatory Fringe Benefits	818	782	(36)	-4.6%	30
31	255	255	0	n/a	Non-personal Services	382	382	0	n/a	31
32	136	130	(6)	-4.6%	Materials and Supplies	204	195	(9)	-4.6%	32
33	30	30	0	n/a	Facilities Maint. & Capital Outlay	44	44	0	n/a	33
34	23	23	0	n/a	Services of Other Departments (workorders)	35	35	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	3,135	3,334	199	6.0%	TOTAL OPERATING EXPENSES	4,835	4,999	164	3.3%	38
39										39
40	(1,943)	(2,010)	67	3.3%	OPERATING INCOME/(LOSS)	(3,047)	(3,015)	(32)	(0)	40
41										41
42					NON-OPERATING REVENUE:					42
43	2,010	2,010	0	n/a	General Fund	3,015	3,015	0	n/a	43
44	2,010	2,010	0	n/a	TOTAL NON-OPERATING REVENUE	3,015	3,015	0	n/a	44
45										45
46	67	0	67	n/a	NET INCOME/(LOSS)	(32)	0	(32)	n/a	46

Jail Health Services

STATEMENT OF REVENUE AND EXPENSES

February 28,2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	18	17	1	5.9%	Fees/Cafeteria/Misc (includes lease income)	26	25	1	4.0%	20
21	622	691	(69)	-10.0%	Workorder Recovery	934	1,037	(103)	-9.9%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	248	248	0	n/a	Carryforward	372	372	0	n/a	23
24	888	956	(68)	-7.1%	TOTAL OTHER OPERATING REVENUE	1,332	1,434	(102)	-7.1%	24
25										25
26	888	956	(68)	-7.1%	TOTAL OPERATING REVENUE	1,332	1,434	(102)	-7.1%	26
27										27
28					OPERATING EXPENSES:					28
29	10,201	9,672	(529)	-5.5%	Personnel Services	15,766	14,510	(1,256)	-8.7%	29
30	1,969	1,729	(240)	-13.9%	Mandatory Fringe Benefits	3,043	2,593	(450)	-17.4%	30
31	3,360	3,360	0	n/a	Non-personal Services	5,040	5,040	0	n/a	31
32	1,286	1,180	(106)	-9.0%	Materials and Supplies	1,929	1,769	(160)	-9.0%	32
33	40	40	0	n/a	Facilities Maint. & Capital Outlay	60	60	0	n/a	33
34	412	412	0	n/a	Services of Other Departments (workorders)	618	618	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	17,268	16,393	(875)	-5.3%	TOTAL OPERATING EXPENSES	26,456	24,590	(1,866)	-7.6%	38
39										39
40	(16,380)	(15,437)	(943)	-6.1%	OPERATING INCOME/(LOSS)	(25,124)	(23,156)	(1,968)	(0)	40
41										41
42					NON-OPERATING REVENUE:					42
43	15,437	15,437	0	n/a	General Fund	23,156	23,156	0	n/a	43
44	15,437	15,437	0	n/a	TOTAL NON-OPERATING REVENUE	23,156	23,156	0	n/a	44
45										45
46	(943)	0	(943)	n/a	NET INCOME/(LOSS)	(1,968)	0	(1,968)	n/a	46

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, May 28, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF APRIL 23, 2002**
**Minutes for April 23, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Anthony G. Wagner, Hospital Systems Administrator, Community Health Network)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **FINANCE REPORT: OVERVIEW OF THE CHN EPISODIC REGISTRATION PROCESS**
(Gregg Sass, CHN Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **INTEGRATION TASK FORCE PRESENTATION**
(Gene O'Connell, Executive Administrator SFGH and Maria X. Martinez, Deputy Director CHN Programs)
**Report*

6) **FOR DISCUSSION:** **EMERGING ISSUES**

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, May 28, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The Community Health Network Joint Conference Committee meeting was called to order by Commissioner Roma Guy at 3:10 p.m.

Present:	Commissioner Roma P. Guy, M.S.W.
Absent:	Commissioner Edward A. Chow, M.D., Chairperson Commissioner David J. Sánchez, Jr., Ph.D.
Staff:	Rob Bannon, Sai-Ling Chan Sew, Mildred Crear, Patricia Evans, M.D., Larry Funk, Liz Gray, Diana Guevara, Donna Jacobs, Fred McGregor, Gene O'Connell, David Ofman, M.D., Frank Patt, Patricia Perez Arce, Gregg Sass, Pat Skala, Hiroshi Tokubo, Marc Trotz, Anthony Wagner, Linda Wang

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF APRIL 23, 2002

Action Taken: The Committee approved the minutes of the April 23, 2002 meeting.

3) CHN SECRETARY'S REPORT

Anthony G. Wagner, Hospital Systems Administrator, Community Health Network, presented the Secretary's Report.

COMMUNITY PROGRAMS UPDATES

Adolescent Health Coordinator Hired

Iman Nazeeri-Simmons, MPH, will join the Department on June 3, 2002 as Coordinator for the newly created Office of Adolescent Health. As Coordinator, Ms. Nazeeri will help DPH address the health needs of adolescents in San Francisco, coordinate youth services inside the Department and with other city agencies and the community, and promote emerging adolescent health policies for San Francisco.

Departure of Wayne Clark, Ph.D.

Wayne Clark, a Senior Administrator in Community Mental Health Services, has been selected as the new Director of Behavioral Health Services for Monterey County. Wayne assumed his new duties on May 6, 2002. Wayne worked at the Department for 28 years, serving as Director of the Alcoholism Evaluation and Treatment Center, Director of Substance Abuse Services and most recently as Executive Team member in CMHS.

PROGRAM UPDATES

Behavior Health Model of Care

Under the leadership of Barbara Garcia, the Department will be developing a 3-year plan to implement a Behavior Health model of care for clients impacted by substance abuse, mental health, and physical health. Dr. Bob Cabaj has been appointed as Director of Behavior Health with Dr. Jorge Partida and Jo Ruffin as Deputy Directors. The planning process will ensure that the many stake-holders; including staff, providers, consumers and advocates are involved. This next step of integration will provide a more comprehensive approach to providing essential services to San Franciscans.

CHN Patient Flow Project

Co-chairs Gene O'Connell and Barbara Garcia developed a CHN Patient Flow Committee to reach the Department's goal to eliminate psychiatric administrative days at SFGH by August 1, 2002. As a result of cross-departmental coordination and the evaluation of policies and practices, CHN administrative days dropped 59% - even though admissions increased 28%. (March/April compared to January/February 2002).

Revised Pharmaceutical Sales Representative Policy

A revised policy and procedure regarding the activities of pharmaceutical company representatives was recently approved by CMHS. The policy was developed with input from medical directors and clinic directors and addresses when and how representatives are allowed to present, educate, and provide sample prescriptions at clinics.

Protocol Approved for Clinical Pharmacists

A new law (AB 826) passed in January 2002 expands pharmacists' scope of practice in outpatient settings to include initiating and adjusting drug therapy under protocols developed by a multi-disciplinary group of health professionals including physicians. A new procedure and protocol was recently approved by CMHS to formally recognize the expanded role of clinical pharmacists in providing increased support to medical staff.

San Francisco General Hospital Diversion Report, April

The Emergency Department (ED) recorded 39 episodes of diversion for 294 hours representing a rate of 40.8% in April 2002. This is an 11% increase in diversion since March 2002.

The 39 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total diversion	39	294	40.8	11 %
Trauma override	6	13	1.8	.1 %

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 268 patients were awaiting admission to in-patient beds (ICU-20, 4B/StepDown-79, 5E-1, MedSurg-168). In April 2001, the ED was on diversion 24% of the month. Trauma Override was invoked 3% of the month in March 2001.

Total diversion was recorded for 39 episodes, a total of 294 hours or a 40.8% rate for April 2002. While on Total Diversion the ED held 268 patients.

Trauma override was recorded for 6 episodes, a total of 13 hours or a 1.8% rate for April 2002. This is a .1% increase in trauma override from March 2002. While on Trauma override the ED held 39 patients awaiting inpatient beds.

CONFERENCES AND PRESENTATIONS

Advanced Access Presentation

Primary Care intends to pilot "Open Access," a highly successful patient scheduling system, with the support of DPH and the UCSF Medical Staff. The system leaves 50% of more of providers' schedules open so that patients who call for an appointment are given the option of being seen by their Primary Care Provider or a member of their Provider Team on the same day. Based on results of Open Access programs nation-wide, this data-driven system has resulted in elimination of new appointment backlogs and the need for triage nursing, as well as in significant reductions in ER and urgent care visits and in no-show rates. A Steering Committee will be set up to guide this process.

Congressional Testimony in Support of Treatment on Demand

On May 14, Barbara Garcia testified before the United States House Committee on Appropriations. Her testimony, on behalf of Congresswoman Nancy Pelosi, included a review of San Francisco's approach to substance abuse policy and program implementation, highlighting the process and preliminary outcomes of recent initiatives.

Friends Luncheon Marks Thirty Years at North of Market Senior Services

This annual event was held on May 15th to kick off plans to add 13 units of permanent Housing for Homeless Seniors. North of Market Senior Services provides multiple medical and social services to low-income frail seniors of the Tenderloin/South of Market area. A Gala Evening of dinner and dancing is planned for October to celebrate 30 years of service to the community.

FUNDING NEWS

Funding to Expand Services at Potrero Hill Health Center

The Franklin Benevolent Corporation has awarded a grant of $75,000 to Potrero Hill Health Center to support additional clinical staff in podiatry, diabetes, nurse education, and nutrition.

Mental Health Proposal

San Francisco County is applying for funds from the California Department of Mental Health for "Strategies for Community Placement Alternatives for Individuals Residing in Institutions for Mental Disease (IMDs)." The San Francisco $1.1 million proposal, if funded, will create a 3-year African American focused transition program for IMD clients who are ready for community placement but who have had difficulties in staying out of long term care. It will include several housing options, case management, and dual diagnosis services.

QUALITY ASSURANCE

Bayview Hunters Point Foundation

The last status report (reflecting up to February 28, 2002) provided to the Commission noted some improvement in the agency's performance. (See attached Progress Report.)

The Department of Alcohol and Drug Programs (DADP) and the Drug Enforcement Agency (DEA) presented for an unannounced 2-day site visit at the Foundation. DADP reported no deficiencies in several areas such as confidentiality, protocols and physical site, dosage, take homes, and discharge. Other deficiencies that were identified were minimal and will be easily resolved. The DEA reviewed areas identified as problematic several years ago and all items have been satisfactorily resolved. They verified that the dosage recorded were 100% consistent with the dosing log for that same day. The reconciliation variance was 0.0049%, an excellent percentage for liquid methadone. The Foundation was complimented on how they functioned as a team as well as how they participated in the site visit with a positive and cooperative attitude.

Commissioners' Comments

- Commissioner Guy asked about the Advanced Access Pilot Project. Dr. Perez Arce said that there are two pilot health centers, Potrero Hill and Mission-Castro. Staff will be visiting Contra Costa County, which converted to this system in 1996. The pilot program will be data driven and staff will track various information such as patient and staff satisfaction, cycle time through clinics, etc. The Department is convening a steering committee. Commissioner Guy asked if Tom Waddell Clinic uses this system. Dr. Ofman replied that Tom Waddell is has both scheduled primary care appointments and unscheduled urgent care visits. Dr. Ofman added that the staff is looking at this pilot as an umbrella for enhancing access to primary care clinics, not just for same-day appointments. Commissioner Guy asked when the pilot would begin. Dr. Ofman and Dr. Perez Arce said that they have begun the data gathering and planning now, and will begin the pilot in January at the latest.

4) FINANCE REPORT: OVERVIEW OF THE CHN EPISODIC REGISTRATION PROCESS

Gregg Sass, Diana Guevara and Donna Jacobs presented an overview of the CHN episodic registration process. Mr. Sass said that staff saw an opportunity to get billing information from patients between the time they scheduled their appointments and when they came in for their appointments. This would allow the patient to see the provider more quickly on the day of the appointment, because the paperwork would have been taken care of. In addition, in 2000 federal regulations were changed that mandated that the registration process be changed from monthly registration to per-encounter visit registration. A workgroup was formed to redesign the appointment and registration process.

The project goals are to:

- Streamline patient access to the organization and create greater patient satisfaction
- Reduce registration and waiting time for patients by 50%
- Improve patient identification through the use of swipe card technology along with an enhanced patient search functionality
- Redeploy staff to work units designed to secure financial responsibility for all patient accounts

Episodic registration features include swipe card technology, episodic re-engineering with a pre-registration function and changes in workflow and procedures in the clinics. The swipe care will give staff the ability to positively identify then patient in the computer system 100% of the time and help eliminate duplicates.

Mr. Sass wanted to ensure that the new episodic registration would not be at odds with an open access, same-day appointment system. He and Dr. Perez Arce met with an expert from Bellevue Hospital who said that with an open access system a fair amount of appointments would continue to be scheduled. The episodic registration system would work well for these appointments. Mr. Sass is committed to making the episodic registration system an enhancement to the open access system.

Commissioners' Comments

- Commissioner Guy is interested in receiving updates about this process as it moves forward, particularly how it is coalescing with the open access system. She asked for an update in a few months, either through the Secretary's Report or a presentation.

5) INTEGRATION TASK FORCE PRESENTATION

Gene O'Connell, Executive Administrator for SFGH, gave an overview of the DPH Integration Task Force. The purpose of the task force is to address the needs of the continuum of patient care and to identify the potential for integrating physical health, substance abuse and mental health services. The Integration Task Force reviews, prioritizes and monitors pilot integration projects, recommends policies to remove barriers to integration and develops systems to support the delivery of integrated services. Ms. O'Connell listed some of the integration projects including the Medical High Utilizer Case Management Team and the Integrated Outreach Team for Families in SROs, among many others. She also listed the subcommittees.

Liz Gray gave an overview of the CHN Patient Flow Committee. The project originated in February 2002 from an identified problem of reduced reimbursements at SFGH due to high number of administrative and denied days and the higher costs of fee-for-service hospitalizations due to a lack of capacity at SFGH. The Patient Flow Committee was established to address this issue, and is co-chaired by Barbara Garcia and Gene O'Connell. Two committees were established—the Policy Committee and the Patient Placement Committee. The goal was to increase patient capacity at SFGH, and therefore reimbursement, by:

- Discharging 100% of psychiatric patients who are on administrative or denied days
- Eliminating administrative and denied days altogether at SFGH
- Reducing reliance on use of fee-for-service contract facilities.

The committees met independently and resolved numerous policy and practice issues that had created roadblocks in the movement of patients. Four sub-committees were established: Utilization Review; Case Management; Residential Treatment; and Laguna Honda Hospital. The subcommittees met during March and April and undertook many activities. In May the subcommittees submitted their activities to the Patient Flow Committee. The co-chairs recommended implementation of recommendations with special consideration for data collection and analysis, focus on patient outcomes and recognition of short- and long-term activities.

Implementation

- CMHS RN based at SFGH providing on-going assessment, consultation with treatment team and facilitation of patient placement
- Suspension of Bed Committee referrals and authorizations for SFGH.
- Ability to assess, make referral, authorize and place patient within a shift

March and April Outcomes

- Increase of 28.3% admissions from January/February 2002
- Reduction of approximately 59% administrative/denied days from January/February 2002
- Average administrative day per discharge reduced by 67%. (If allow a 20% error factor for incomplete April data, reduction would be 60% per discharge.)

Fred McGregor gave an overview of the data integration efforts. The purpose is to have one set of coordinated data elements that are consistent across systems. They also undertook an 18-month overlap study to determine how many primary care clients were being seen in behavioral health. The first report will be out in June. One of the findings is that more than 3,000 patients are being seen in all parts of the system.

Dr. Ofman noted that the recommendation for an Integration Task Force was initially made two years ago as a result of the Primary Care internal assessment. It is nice to see a recommendation come to fruition and bear fruit.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:05 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, June 25, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MAY 28, 2002**
**Minutes for May 28, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **UPDATE OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH LONG RANGE SERVICE DELIVERY PLANNING PROJECT (SAN FRANCISCO GNERAL HOSPITAL REBUILD)**
(Anthony G. Wagner, Chief Executive Officer of Hospital Systems)
**Update*

5) **FOR DISCUSSION:** **EMERGING ISSUES**

6) **PUBLIC COMMENTS****

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***)***, ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, June 25, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The Community Health Network Joint Conference Committee meeting was called to order by Commissioner Edward A. Chow, M.D. at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Margot Antonetty, Sai-Ling Chan Sew, Sue Currin, Rowena Esquieres, Larry Funk, Barbara Garcia, Judith Klain, Maria X. Martinez, Lisa Meneses, Anson Moon, Frank Patt, Gregg Sass, Jim Stillwell, Hiroshi Tokubo, Anthony Wagner, Linda Wang, Carlos Villalva.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MAY 28, 2002

Action Taken: The Committee approved the minutes of the May 28, 2002 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

PROGRAM UPDATES

Fire at the Baldwin Hotel
A three-alarm fire occurred at the Baldwin Hotel (a five-story, 200-room single-room occupancy hotel) around 4:00 a.m. on Sunday, June 2, 2002. The fire impacted over 200 individuals. A temporary shelter was set up at the SOMA Recreation Center, which has housed over 150 people each night. The residents had to evacuate the building so quickly that many needed shoes, clothing and prescription medications. DPH staff has been instrumental in the coordination of services and addressing the physical and mental health needs of these residents.

Disposal of Sharps and Pharmaceutical Waste Containers at CMHS Clinics
CMHS implemented a new service agreement starting in May 2002 for the disposal of sharps and pharmaceutical waste at CMHS clinics and affiliated sites. Previously, clinics were required to package the filled containers and mail them back to the vendor for disposal. Under the new program, the vendor (Stericycle, Inc.) will pick up both sharps and pharmaceutical waste containers at each site every three to six months, depending on the amount generated. The program is much more convenient for the providers and is budget neutral.

San Francisco Police Academy Training for CMHS Staff
On Thursday, May 22, 2002, nineteen CMHS administrators and staff attended the first daylong training from the San Francisco Regional Police Academy staff. The purpose of the training was to improve the effectiveness of the working relationship between CMHS staff and police officers by increasing the knowledge and understanding of CMHS staff about police procedures and tactics. Both the SFPD and CMHS view this training as a companion training to the 40-hour Police Crisis Intervention Trainings that are conducted by DPH staff for SFPD officers.

Treatment on Demand to be the Beneficiary of Marathon Pledge Program
The Treatment on Demand Planning Council (TOD) will be a beneficiary of the 2002 San Francisco Marathon Pledge Program. TOD was selected along with five other agencies, which build community, treat the sick, prevent child abuse and ensure our safety in disasters. Volunteers to work the day of the race are being recruited by Community Substance Abuse Services. If you are interested in volunteering, please contact 415-255-3500.

Two Direct-Access-to-Housing Hotels to Open in August
Clients referred by the MOST/AB2034 Team, HIV providers and other DPH providers will begin residing in 54 units at the Star Hotel (2176 Mission Street) and 55 units at the Camelot Hotel (124-126 Turk Street) in August 2002. Baker Places, Tenderloin AIDS Resource Center, and Lutheran Social Services will provide on-site supportive services at both hotels.

San Francisco General Hospital Diversion Report - May 2002
The Emergency Department [ED] recorded 43 episodes of diversion for 232.5 hours representing a rate of 31% in May 2002. This is a 9.8% decrease in diversion since April 2002.

The 43 episodes of diversion are categorized as follows:

Type	# Episodes	Hours	Rate	% Change from Previous Month
Total diversion	43	232.5	31	9.8
Trauma override	5	21	2.8	1%

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 240 patients were awaiting admission to in-patient beds [ICU-22, 4B/StepDown-75, MedSurg-143]. In May 2001, the ED was on diversion 21% of the month. Trauma Override was invoked 2.4% of the month in May 2001.

Total diversion was recorded for 43 episodes, a total of 232.5 hours or a 31% rate for May 2002. While on Total Diversion the ED held 240 patients.

Trauma override was recorded for 5 episodes, a total of 21 hours or a 2.8% rate for May 2002. This is a 1% increase in trauma override from May 2002. While on Trauma override the ED held 34 patients awaiting inpatient beds.

TRAININGS, CONFERENCES AND PRESENTATIONS

Conference on Lesbian Health and Wellness

The 2nd Annual Conference on Lesbian Health and Wellness, 'Healthy Choices for Lesbians', will be held Saturday, June 29, 2002 at the UCSF Laurel Heights Campus. The conference is envisioned as the beginning of a 3-year collaborative process between researchers and lesbian communities. María Cora, Coordinator of the SFDPH Office of Women's Health, will co-present one of the keynote speeches on 'Multiple Marginalization: Health Disparities of Lesbians of Color'. She will also facilitate the community/research collaborative workshop 'Youth: Special Challenges and Obstacles'.

OBOAT Training

On July 11, 2002, medical providers, counselors, and pharmacists from Primary Care, Jail Health and other affiliated providers will attend a comprehensive review of how to provide opiate addiction treatment services. The California Society of Addiction Medicine is facilitating the training.

Community Mental Health Services Consumer Fair

CMHS Cultural Competence and Consumer Relations held its first annual Mental Health Fair at the Main Library on May 31, 2002. It was held to commemorate May as Mental Health Awareness Month. The fair was coordinated, planned and held by consumers for consumers. There were 15 organizations; some of the participants were the STEP, Chinese Family Alliance, and Oasis. Consumers manned the booths, and distributed literature and information. There were performances of celebratory expression in poetry and song. Approximately 100 people dropped by the booth set up and refreshments were served. The event was a huge success.

QUALITY ASSURANCE

Women and Children's Family Services Update

On June 4, 2002, the Women and Children's Family Services (WACFS) board of directors resolved to merge with other non-profit agencies by the end of calendar year 2002. The board delegated all negotiation responsibilities to the board president and board treasurer.

The Department of Public Health determined that WACFS was not adequately implementing DPH's directives with regard to staffing levels and operations during FY01_02. Accordingly, DPH provided notice dated June 14, 2002 to WACFS of DPH's intent to provide a three-month closeout contract for the period July 1, 2002 – September 30, 2002. This preliminary award provides $196,559 to: continue providing treatment services to clients at MIA House and Lee Woodward; retain security services and pay minimal utilities costs at AVIVA House and Pomeroy House; and, administer closeout activities as directed by DPH and the WACFS Board of Directors.

The Department of Public Health (DPH) expects to finalize the transfer of DePaul House, a transitional housing facility, to Lutheran Social Services on or about August 1, 2002. The Department of Public Health expects to finalize the transfer of AVIVA House, a residential facility, to Latino Commission on or about August 1, 2002. Latino Commission is expected to initiate cosmetic improvements to AVIVA House as early as July 2002. The Department of Public Health is examining options with regard to transferring Pomeroy House, a residential facility, and Lee Woodward, an outpatient services program, to other DPH contractors.

As of Monday, June 24, 2002, all clients formerly being treated at Pomeroy House and AVIVA House have been transferred to other DPH-contracted facilities. Clients remain at MIA House, a residential facility, and clients are still being served at the Lee Woodward outpatient program.

Commissioners' Comments

- Commissioner Guy supports staff's direction for the WACFS contract. She applauds the Department for keeping the residential services. She asked what impact the closure would be on adding to the backlog. Ms. Garcia said that it would likely add to the existing backlog, but because there were concerns about the quality of services, when the facility reopens clients will receive a higher level of clinical services. The agency was about to lose $2 million in SAMSA funds, but the Department is negotiating with the federal government to be able to keep these funds. Ms. Garcia added that they take the monitoring reports very seriously and have started to work with non-profits when they first start to have problems. She said that over the past few years the Department has only been able to provide 2-3% COLAs to non-profits while their operational increases have been 10%.

- Commissioner Sanchez said commented that the Health Department holds its contractors to very high standards. Philanthropic organizations are concerned about the losses that non-profits are experiencing. It is a very frustrating time when the corporate sector is not setting a good example in terms of standards and non-profits are losing funding.

- Commissioner Chow asked if the OBOAT project has started. Ms. Garcia said they are planning to begin in August, but added that it is difficult when the State and Federal governments have not developed the administrative structure to support this program. Commissioner Chow asked if we were receiving complaints from other hospitals about our diversion rate. Mr. Wagner responded that this issue has not been raised in the hospital section for the last year. Commissioner Chow asked if SRO fires would ever cease to happen. Ms. Martinez, there has been a significant decrease in the number of fires in SROs due to the work of the SRO collaborative, DPH and the Fire Department.

4) UPDATE OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH LONG RANGE SERVICE DELIVERY PLANNING PROJECT (SAN FRANCISCO GENERAL HOSPITAL REBUILD)

Anthony Wagner presented the update on the San Francisco Department of Public Health Long Range Service Delivery Planning Project.

The catalyst for this effort is to be in compliance with SB1953, which requires hospitals to comply with seismic safety standards either by retrofitting or rebuilding the hospital. This process was initiated to determine the range and types of services that the Department who provide in the future and how these services are best provided.

Although the focus in on San Francisco General Hospital, programmatic decisions impact the entire system of care and the internal group comes from the whole system.

After the Health Commission approves the program recommendations, the plan is to merge the programmatic direction with the Institutional Master Plan process. The Department has hired consultants to help with the process, and Mr. Wagner introduced members of that team.

The Lewin Group's recommendations were based on data analysis and projections, more than 50 interviews, input from planning groups, survey of national best practices and models and consultant expertise. Planning principles were: improving access to care; improving quality of care; implementing best practices; achieving cost efficiency and financial stability; meeting future health care needs; and responding to the requirements of SB 1953.

Program Recommendations

1. The Department should collaborate with UCSF in building acute care capacity at Mission Bay. If this is not possible, then DPH should proceed with a new facility at the DPH site.
2. DPH should expand primary care services into the community by both adding capacity and shifting a portion of existing primary care (30,000 to 40,000 visits) from the SFGH campus to the community.
3. Level I trauma services should be expanded by regionalizing the service and developing a medical air transport system.
4. Emergency room capacity should be expanded to include additional treatment stations.
5. DPH should develop programs and services to retain the elder patient population.
6. DPH should pursue a partnership with UCSF that allows consolidation of inpatient pediatrics and obstetrics services.
7. DPH should not include SNF capacity in new hospital construction.
8. DPH should develop a Behavioral Health Center of Excellence on the Potrero campus.

Timeline

July 16 -	Recommendations presented to the Health Commission for approval.
2002-2003	Plan presented to the Mayor, Supervisors, other city departments and the community
Nov. 2003	Election bond measure to finance will be presented to San Francisco voters
2013	Completion of the SFGHMC rebuild

Rebuild Next Steps

- Institutional Master Plan
- Finance Plan
- Program Planning Implementation
- Continued discussion with UCSF
- Community Education

Barbara Garcia expressed concern about splitting DPH's clients between two locations when so many of our patients have both behavioral health and physical health needs. While she is not opposed to relocating to Mission Bay, she said more integration is need, rather than more separation. Linda Wang is concerned about the impact of separating behavioral health clients from acute hospital care on the quality of care. Keith Herle said that in their model there would be medical care at the Potrero site via the "Superclinic."

Commissioners' Comments

- Commissioner Chow said that with regard to trauma service there are things that need to be done now, not just when the rebuild happens. We need medical air transport now. This also pertains to pediatrics/OBGyn. Commissioner Chow wants to be careful that some of these statements are not taken to mean that action on a helipad is not needed now. Commissioner Chow thinks that there are stronger support statements for collaborating with UCSF than what is included in the power point presentation. Mr. Wagner said that Dr. Katz would author a "white paper" for this project which would clearly lay out all of the benefits.

- Commissioner Sanchez said that as much as SFGH and UCSF work together in many different areas, the public perception of what the missions of the institutions are different. Ms. Klain said that the next iteration of the report would specifically lay out the challenges that will be presented to collaboration with UCSF. Commissioner Sanchez emphasized that everyone needs to be clear about what we are getting into with UCSF. SFGH has so many unique strengths that should be promoted. The Department also needs to look at housing for health providers and staff.

- Commissioner Guy raised the question about how the Department approaches UCSF. She said that the Department needs to push the agenda of collaboration and have a plan that maintains our public mission and mandate. It is important that the Health Department is not swallowed up by UCSF. She said one question that may be raised is whether we should do more lower level community care rather than expanding the Emergency Department. She said a lot of the commissioners might have questions about the recommendation to not include SNF capacity in new hospital construction. There is a need for these beds and we should no depend solely on Laguna Honda so this recommendation needs to be further discussed. Larry said that the new facility would have more beds, but there are other needs, including SFGH's continuous need for discharging to LHH.

5) EMERGING ISSUES

None.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

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Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. **(415) 554-2666**
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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 23, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JUNE 25, 2002**
**Minutes for June 25, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **FINANCE REPORT: UPDATE ON THE FISCAL YEAR 2002-03 BUDGET**
(Gregg Sass, CHN Chief Finance Officer)
**Update*

5) **FOR DISCUSSION:** **JAIL HEALTH REPORT**
(Joe Goldenson, M.D., Medical Director, Forensic Services)
**Report*

6) **FOR DISCUSSION:** **EMERGING ISSUES**

7) **PUBLIC COMMENTS****

8) **CLOSED SESSION**

A) Public Comments on all Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session

C) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d), and Health and Safety Code 1461, and California Constitution, Article I, Section 1

Conference with Legal Counsel – Anticipated Litigation as Defendant

D) Reconvene in Open Session

1. Possible report on action taken in Closed Session (Government Code Section 54957.1(a)2, and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) **ADJOURNMENT**

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 23, 2002
3:00 p.m. – 5:00 p.m.
at
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San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Edward Chow at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., Chairperson Commissioner Roma P. Guy, M.S.W. Commissioner David J. Sánchez, Jr., Ph.D.
Staff:	Nancy Arata, Sai-Ling Chan-Sew, Patricia Evans, M.D., Larry Funk, Barbara Garcia, Joe Goldenson, M.D., John Luce, M.D., Maria X. Martinez, Kate Monaco Klein, Gene O'Connell, David Ofman, M.D., Frank Patt, Gregg Sass, Jim Stillwell, Jo Robinson, Hiro Tokubo, Anthony Wagner

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JUNE 25, 2002

Action Taken: The Committee approved the minutes of the June 25, 2002 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the CHN Secretary's Report.

STAFF UPDATES

Director of Operations for Community Programs Appointed

Michelle Ruggels, previously the CMHS Budget Manager, has been appointed to the position of Director of Operations for Community Programs. In this role, she will supervise and coordinate the budget staff, facilities and other operational functions across the Division with the goal of streamlining and integrating activities wherever possible.

Privacy Officer Hired

Joseph Lough, Ph.D., will assume responsibility in the Compliance Unit for implementing the Privacy Regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Dr. Lough holds an earned doctorate from the University of Chicago, Division of the Social Sciences, and serves as an occasional lecturer in Political Economy and Interdisciplinary Studies at the University of California, Berkeley.

PROGRAM UPDATES

California Endowment Project

As part of the California Endowment project, a 0.5 FTE social worker was hired. The project aims to introduce behavioral health services to two primary care clinics, Chinatown Public Health Center and Southeast Health Center (SEHC). A psychiatrist and a social worker are currently being recruited for SEHC. Initial data analysis indicates a significant number of SEHC clients are seeking mental health and substance abuse services.

Nurse Practitioner in Mission Mental Health Center Project

The purpose of this project is to introduce primary care services at the Mission Mental Health Center. The project lead has established a primary care affiliate with Family Health Center. Project staff are in the process of getting all the paperwork and equipment set up for the nurse practitioner to perform primary care duties at both Mission Mental Health and Family Health Centers.

New Address for the Emergency Medical Service Section

The Department's Emergency Medical Services (EMS) Section has relocated to:

> 68 12th Street, Suite 220, San Francisco, CA 94103
> 415-355-2600 (phone)   415-552-0194 (fax)

The new EMS Section offices will house the Department's Emergency Operations Center where designated personnel will report in the event of an emergency.

Mission Neighborhood Resource Center

The Mission Neighborhood Resource Center opened on July 1, 2002. The drop-in center currently assists clients in finding housing and offers clients showers and quarter laundry facilities. Beginning in August, medical, mental health and dental services will be available and a substance abuse counselor will be on-site. One hundred people a day, on average, have been through the Center, mostly consisting of migrant workers and drug addicts.

Update on CHN Patient Flow

The CHN Patient Flow Project continues to improve the systems to assure that patients are placed at the most appropriate level of care. The transition of Community Mental Health Services based utilization review (UR) to San Francisco General Hospital UR Committee structure was completed on

July 1, 2002. The next phase is the development of Performance Criteria and the identification of standardized instruments to measure outcomes.

San Francisco General Hospital Diversion Report, June 2002

The Emergency Department [ED] recorded 36 episodes of diversion for 123 hours representing a rate of 17.1% in June 2002. This is a 13.9% decrease in diversion since May 2002.

The 36 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total diversion	36	123	17.1	13.9
Trauma override	0	0	0	1%

The ED was impacted by capacity and high patient acuity during the episodes of total diversion. During this time, 183 patients were awaiting admission to in-patient beds [ICU-16, 4B/StepDown-70, MedSurg-97]. In June 2001, the ED was on diversion 24% of the month. Trauma Override was invoked 1.2% of the month in June 2001.

Total diversion was recorded for 36 episodes, a total of 123 hours or a 17.1% rate for June 2002. While on Total Diversion the ED held 183 patients.

Trauma override was not recorded for June 2002. This is a 1% decrease in trauma override from June 2001.

POLICY ISSUES

Non-Names Reporting

A new state regulation for reporting HIV infection went into effect July 1, 2002. It requires all health care providers and laboratories in California to report Positive HIV antibody results to the local health officer. Blood Banks and Anonymous Test Sites are exempt from this regulation. The regulation is referred to as "non-names reporting", since the client's name won't be included in the report. One of the purposes of this regulation is to have a better assessment of the epidemic through better tracking.

TRAININGS, CONFERENCES AND PRESENTATIONS

Children System of Care Parent Youth Conference

The first ever Children System of Care Parent Youth Conference was held on May 18, 2002. The conference focused on the rights and responsibilities of parents and youth in the mental health system, child welfare system, and juvenile justice system. The Children's System of Care funds continue to be at risk in the state budget. San Francisco has approximately $1 Million in such Children's SOC funds.

Suicide Prevention Workgroup

The Mental Health Children, Youth and Family Section convened a Suicide Prevention Workgroup at the request of the Board of the Supervisors in response to the recent tragedy and suicide by a San Francisco high school student. The workgroup is charged with reviewing the various factors leading to suicide in young people as well as reviewing the existing protocol for suicide intervention and prevention among city departments, and public and private agencies. In addition, the committee will be making recommendations to the Board on ways to address current gaps in services.

Living Situation as a Clinical Indicator Discussion

Members of the Homeless Coordinating Committee, CHN Patient Flow Workgroup, the Integration Task Force, and the Data Integration Workgroup will meet on July 11th to discuss and recommend how to define "Living Situation" in the planning and evaluation of programs. The CMHS and CSAS information systems and the Invision (LCR) system are inconsistent when addressing this and many times does not include the information. Neither takes into consideration the new homeless definition. This is an important meeting as the Department and the Mayor's Office on Homelessness begin to RFP for and migrate to new information systems.

Working Effectively with Interpreters Training

On September 18, 2002, the newcomers Health Program in collaboration with the California Department of Health Services Refugee Health Section present a training on Overcoming Language and Cultural Barriers in Refugee and Immigrant Health Settings. At the conclusion of the program participants will be able to: identify, clarify and correct misconceptions about bilingualism, biculturalism and interpreting; increase provider competency in working with interpreters; and, improve cross-cultural communications in health care settings.

QUALITY ASSURANCE

CSAS Performance review Client Satisfaction Survey

Substance Abuse Dept (CSAS) completed its survey measuring consumer satisfaction during June 2002. This is significant for three reasons.

- *Scope*: The scope of the survey process included all CSAS contracted programs in all modalities, more than 150 programs in more than 40 agencies. Surveys were available at each treatment and prevention site during a 4-day window at each site. Survey tabulation has begun, and it indicates that more than 60%, that is 3000 of 5000 consumers responded.

- *Standardization*: The standardization of the survey results has been made possible by using standardized forms, computerized optical scanning equipment, and standardized time frames. Results can be compared over time or with other departments and communities.

- *Integration*: This is the second year of a major collaboration between MH and SA. When the Substance Abuse staff approached Mental Health to investigate new surveys ideas, Mental Health responded by generously making available forms, procurement procedures, scanning technology, technical assistance, and training.

Results from both years will be available in a report by mid-August.

Commissioners' Comments

- Commissioner Chow asked why EMS moved to a new location. Ms. Garcia responded that the previous site was not big enough for a centralized disaster command center so, on September 11th, they needed to use 101 Grove for that purpose. 101 Grove is not seismically safe and it is too close to City Hall. The new EMS location is large enough to serve as the central disaster command center. Commissioner Chow said the Immigrants Rights Commission is having a summit in September and asked Barbara Garcia to work with Diana Lau, chair of the Commission, to incorporate DPH programs into the program. Commissioner Chow is interested in revisiting the cultural competency and language access to services issue. This topic should be calendared at a future joint conference committee meeting. Commissioner Chow asked for a follow up report on Suicide Prevention in the next few months.

- Commissioner Guy asked if suicide prevention and intervention services are provided through the school wellness centers. Ms. Garcia said that, based on testimony given at past public hearings about the wellness centers, suicide is a predominant issue. Sai-Ling Chan-Sew said that they will use the wellness centers for National Depression Screening Week. She added that cultural competency is critical in these services.

- Commissioner Sanchez said that there is a lot of pressure on students to get into schools such as UC Berkeley. This is particularly true for Asian Americans. There are a lot of kids in crisis in San Francisco and educators need to work with students and families.

4) FINANCE REPORT: UPDATE ON THE FISCAL YEAR 2002-03 BUDGET

Gregg Sass, CHN Chief Finance Officer, updated the committee on the search for a new CHN Chief Financial Officer. Many qualified candidates have been interviewed for that position as well as the PHP CFO position. Anne Okubo, currently CFO for the Emergency Communications Department, has been selected. They hope to select the other soon.

Mr. Sass then presented an update on the Fiscal Year 2002-2003 budget. There was a $700,000 reduction to DPH's budget. Then approximately $1.9 million in Board of Supervisors addbacks were allocated to the Health Department, plus a 1% contractor and UC cost of living adjustment. Subsequently the Department was asked to make another $1.09 million in cuts, due the unions not agreeing to participate in the partial retirement pick up. The patient rate increase ordinance was approved, and the Board of Supervisors approved a fee increase that restored the laundry at Laguna Honda Hospital, and a portion of the nurses at Laguna Honda Hospital.

Commissioners' Comments

- Commissioner Guy asked what would be the impact of restoring the laundry. Larry Funk responded that Laguna Honda would continue to operate the laundry on-site at a cost of $1.6 to $1.9 million per year more than if a contractor did the work. Staff will now resume discussions with UCSF to relocate the facility to Oyster Point, which should be done by May 2003. Commissioner Guy said that the approved budget results in a fundamental structural loss.

5) JAIL HEALTH REPORT

Joe Goldenson, M.D., Medical Director, Forensic Services, along with Jo Robinson and Kate Monaco Klein, presented the Jail Health Report. The report focused on collaborative projects, which include the Mentally Ill Offender Crime Reduction Grants I and II, Hepatitis B Vaccination Pilot Program, Homebase Project/Hope Study and Chlamydia screening program.

The Mentally Ill Offender Crime Reduction Grants are demonstration projects that are designed to curb recidivism among persons with mental illness. San Francisco received two projects. MIO I is a four-year, $5 million grant and MIO II is a three-year, $3.5 million grant. MIO I provides assertive case management services with a long-term commitment. It is fully enrolled with 249 participants but has yet to be fully assessed. The diagnostic picture is that they are seeing inmates with severe mental health problems.

MIO II provides short-term criminal justice case management with a mental health bridge. This program works closely with the Sheriff's Department, JPS, Pre-trial Diversion, Center for Juvenile and Criminal Justice, Progress Foundation and others. There are 83 active participants who have mental health and substance abuse diagnoses. There are three levels of evaluation: address changes at the gate-keeping county agencies; address changes at the community-service level; and address changes at the individual level.

The Strategy Committee Recommendations for MIO are:

- Increase capacity of existing mental health treatment services
- Educate court clerks, judges and probation officers about the special needs of MIOs
- Train police officers about mental illness
- Train community providers and brokers of mental health services
- Create a mechanism for collaboration between the Public Defender and community treatment providers
- Explore options for developing joint programs between the criminal justice and mental health systems

Hepatitis Prevention is a collaborative effort with Jail Health Services and DPH's Hepatitis Prevention Program. This program is needed for a variety of reasons, such as 33% of California state prisoners tested positive to the Hepatitis-C antibody, 30% of people with acute Hepatitis B report a history of incarceration and incarcerated individuals are at greater risk for contracting Hepatitis because of high risk behaviors. Recognizing this the department developed a multi-infection pilot to work with this population both in and out of jail. The project will offer risk assessment, counseling, testing, vaccination and follow up. The Hepatitis B vaccination pilot has started in one jail and will then be started in the other jails.

The Homebase Project/HOPE Study is a collaborative effort between DPH, Continuum and FAP. This is a "Special Project of National Significance" funded by the CDC. The project is designed to increase post-release use of medical and social services, decrease post-release medication non-adherence, decrease post-release HIV risk behaviors and decrease recidivism. Patients have to be HIV positive, in jail longer than two weeks and have no severe psychiatric problems that would preclude them from participating in a non-psychiatric work group.

The first round of data shows that 61% of people referred into the program have graduated. 55% of the Homebase clients have been reincarcerated at least once. 66% of the control group have been reincarcerated at least once.

Jail Health Services instituted a STD screening program so that inmates with only short jail terms could get treated as soon as they were diagnosed. In the first 6 months of 2002 the jails and STD Clinic both detected 90 female chlamydia cases, the highest number of female cases detected at all the screening sites. In order to evaluate the impact of the chlamydia screening program in the jails, they compared Chlamydia rates at two health centers, South East and Ocean Park. From 1997 to 2001 there was a 50% reduction in chlamydia positivity at South East Health Center but not at Ocean Park. A high portion of males and females screened in the jail for chlamydia is from neighborhoods served by the South East Health Center. The data suggest that chlamydia screening in the jails may be responsible for this decrease.

Commissioners' Comments

- Commissioner Guy noted that very few Native Americans participated in the MIO II program, and asked staff to research the reason. She said that within the DPH strategic planning effort we need to look at where DPH services are located compared to where the clients are. She added that there is a syphilis epidemic that should be approached in the same manner as hepatitis and chlamydia. Dr. Goldenson said that while the report focused on chlamydia they do test for gonorrhea and syphilis, and are applying for a grant to do more widespread testing.

- Commissioner Chow said that the full commission will want to hear about the integration of services for people who move in and out of the jails. What transition and follow-up services are offered.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) CLOSED SESSION

A) Public Comments on all Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 5:20 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Sanchez, Joe Goldenson, M.D., John Luce, M.D., Hiro Tokubo, Deputy City Attorney Kathy Murphy, Joe Robinson, Frank Patt and Michele Olson.

C) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d), and Health and Safety Code 1461, and California Constitution, Article I, Section 1

Conference with Legal Counsel – Anticipated Litigation as Defendant

D) Reconvene in Open Session

The Committee reconvened in open session at 5:55 p.m.

1. Possible report on action taken in Closed Session (Government Code Section 54957.1(a)2, and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JULY 23, 2002**
**Minutes for July 23, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **FINANCE REPORT: UPDATE ON THE 4th QUARTER REVENUES AND EXPENDITURES REPORT**
(Gregg Sass, CHN Chief Finance Officer)
**Update*

5) **FOR DISCUSSION:** **PRESENTATION OF THE SCHOOL HEALTH REPORT**
(Sai-Ling Chan-Sew, Director, CMHS, CYF Section)
**Report*

6) **FOR DISCUSSION:** **EMERGING ISSUES**

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

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** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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HEALTH COMMISSION

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Vice President

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Director of Health

Michele M. Olson
Executive Secretary

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 27, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Edward A. Chow, M.D. at 3:10 p.m.

Present:
Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff:
Rob Bannon, Sai-Ling Chan-Sew, Patricia Evans, M.D., Michelle Friedman, Larry Funk, Barbara Garcia, Gene O'Connell, David Ofman, M.D., Jorge Partida, Patricia Perez-Arce, Ph.D., Gregg Sass, Hiro Tokubo and Tony Wagner

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JULY 23, 2002

Action Taken: The Committee approved the minutes of the July 23, 2002 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the CHN Secretary's Report.

Staff Updates

Assistant Director of Clinical Services for CMHS Child, Youth and Family Services

Community Mental Health Services is pleased to announce the appointment of Ms. Chona Peralta, LCSW, to the position of Assistant Director of Clinical Services for Child, Youth and Family Services. Ms. Peralta was formerly the Assistant Director for the Office of Conservatorship and has an extensive background in conservatorship, residential placement and hospital administration. She will be a great addition to the Child, Youth, and Family Services management team.

Program Updates

Community Mental Health Services Open House

On Thursday, September 12th, from 1-6 p.m., Community Mental Health Services will host an Open House in its new facility at 2712 Mission Street. This is an opportunity to learn about the following programs under one roof: Mission Mental Health, Mission ACT, Bed Committee, Residential Care, Long-Term Care Team and Discharge Liaison Team. A Self Care and Self-Healing Community Education program will run from 1-2:30 p.m., with the dedication and reception from 3:30-6 p.m.

Coordination of Psychiatric Care in the Juvenile Justice System

Special Programs for Youth and the Children, Youth and Families Section of CMHS will implement regular clinical meetings to review admission and discharge of youth with significant psychiatric diagnosis or histories who require follow-up and ongoing treatment. The purpose of the meeting will be to share all relevant clinical information including assessment and care plans, and to begin to create treatment plans for the youth who stay at the Youth Guidance Center and for those who return to the community. Other areas to be coordinated include legal issues, assessment issues, and working with families.

Coordinating Council for Children, Youth and Families

In April 2001, at the request of Dr. Katz, the Department began the reorganization of the Coordinating Council for Children, Youth and Families, elevating it to the Executive Committee level. Co-Chaired by Barbara Garcia and Anne Kronenberg, the purpose of the intra-departmental Council is to provide strong leadership for policy development, priority-setting, planning, collaboration, and integration of services to assure the best possible health and well-being of San Francisco's children, youth, and families.

Children/Youth Health Advisory Committee

The Prop 10 Commission, which provides funds to the San Francisco Health Plan (SFHP) for the implementation of Healthy Kids, required that SFHP convene an advisory group. Chaired by Barbara Garcia and Jean Fraser (CEO of SFHP), the Advisory Committee is reviewing health issues and barriers to health care services faced by families. This committee will develop a report with recommendations for improved access for children and youth in San Francisco. The recommendations are to be shared with SFHP, pediatricians, and other health care providers.

SSI Advocacy Workgroup

A citywide Social Security Advocacy Workgroup, chaired by Maria X. Martinez of Community Programs, has been meeting over the last year to develop recommendations to increase the effectiveness of SSI Advocacy Case Management Services. The recommendations aim to meet their proposed goal that: "All DPH clients will be screened for SSI eligibility and that all clients deemed eligible for SSI benefits will be assisted through the application process."

DPH Maternal and Child Health Website

The Maternal and Child Health Section (MCH) has developed a web page that is linked through DPH's website. The website contains information with program descriptions of each of MCH's programs, resources and links to other important maternal and child health information.

Trainings, Conferences and Presentations

Harm Reduction Training for DPH Staff

Between August and October 2002, all Community Programs Analysts, Managers and Monitors will attend a 2-day intensive harm reduction training. The first day provides a survey of the history, philosophy, and strategies of the harm reduction model as it has evolved in the United States. The second day is designed to meet the practical needs of the San Francisco Department of Public Health's employees. Included are discussions of the implications of the harm reduction policy.

Weighty Matters Conference

DPH Nutrition Services is co-sponsoring the Weighty Matters Conference to be held at the State Office Building September 17, 2002. The conference features practical, frontline, weight management approaches for children. Its goals are: 1) to expand the skills and perspectives of participants related to the management and prevention of childhood overweight; 2) provide an avenue for strengthening community resources and partnerships aimed at combating childhood overweight; and 3) showcase a diverse array of effective strategies, projects, programs, and services for the management and prevention of childhood overweight.

Governor Davis Commitment to HIV/AIDS Services

Governor Gray Davis visited SFGH recently to highlight his commitment to HIV/AIDS and to encourage passage of the State budget. He toured Ward 5A, the inpatient AIDS/Oncology unit, and then addressed the media on the front lawn.

Quality Assurance

Women and Children Family Services (WACFS)

Community Substance Abuse Services continues to work with Women and Children Family Services (WACFS) to close down their operations and dissolve the corporation. By October 1, 2002 all of WACFS's clients will be receiving serves by other treatment providers. In addition, title to three of WACFS's properties, AVIVA House, Pomeroy House, and DePaul House, are being turned over to the Department of Public Health and the leases for the remaining properties, MIA House, Lee Woodward, and their administrative site are being taken over by the Department or other providers.

Commissioners' Comments

- Commissioner Sanchez emphasized the need for strong linkages with the Youth Guidance Center and San Francisco Unified School District.
- Commissioner Guy said that it is critical that the department does not lose WACSF's clients or properties. She applauds the direction to keep these resources in the department.
- Commissioner Chow asked who were expected to attend the Weighty Matters Conference. Ms. Garcia responded that attendants would include teachers, pediatricians, nutritionists and others

from disciplines that deal with children. Commissioner Chow asked for a follow-up report on how many people attended and the outcomes and strategies that were developed.

4) FINANCE REPORT: UPDATE ON THE 4th QUARTER REVENUES AND EXPENDITURES REPORT

Gregg Sass, CHN Chief Finance Officer, presented the 4th quarter revenue and expenditure report (Attachment A).

Commissioners' Comments

- Commissioner Sanchez suggested that a term other than "surplus" be used to describe the additional revenues. Surplus implies that the Health Department has fully accomplished its mission and still has money left over, which is not the case. Services are not at 100% because the Department does not have the revenue. Ms. O'Connell expressed frustration that although DPH is returning increased revenue to the General Fund, they cannot get approved positions released. Mr. Sass added that there are still 237 position requisitions on hold. Mr. Funk said that, with the additional revenue being given back to the City, the Department needs to develop a long-term strategy for accruing $30 million for furniture and equipment for the new Laguna Honda Hospital. Mr. Wagner said the same should be done for the SFGH rebuild.

5) PRESENTATION OF THE SCHOOL HEALTH REPORT

Sai-Ling Chan-Sew, Director, CMHS, CYF Section, presented the School Health/Wellness Center Report. The wellness centers emerged from a youth-initiated process spearheaded by Youth Making a Change (YMAC) and are located in seven high schools. The wellness centers use a hybrid model, providing direct services along with health resources and education and referrals to community health clinics and services. By using the hybrid model the centers are able to serve a greater number of youth, are integrated into each school site, provide linkages and increase the use of existing community health resources and services. The model also promises greater sustainability than full-scale clinics.

In the 2000-2001 school year 3,934 students were served. For the first semester of the 2001-2002 school year, 2,175 students were served. ETR Associates, an evaluator for SFUSD's school health programs, found that when wellness high schools are compared to non-wellness schools in the district, wellness school:

- 5% fewer students reported problems with depression or having considered suicide.
- 5-15% fewer students reported using tobacco, drugs or alcohol.
- At least 15% fewer students reported having been offered or sold a drug on school property.

Ms. Chan-Sew said that more than 30 CBOs have partnered with Wellness Centers. Ms. Chan-Sew emphasized that without the cooperation of SFGUD this effort would not be successful. Ms. Chan-Sew introduced Stacey Blankenbaker, the citywide wellness center coordinator, whose job is to be the bridge between DCYF, DPH and SFUSD.

Ms. Chan-Sew gave an overview of the budget for the program. The annual core city funding is $1.4 million, with $700,000 coming from the Children's Fund and $700,000 from the general fund. Each wellness center has a core budget of $130,000 one wellness coordinator, two days of nursing, one half-time mental health counselor, one half-time substance abuse counselor and one peer resources coordinator. Many of the centers have a community health outreach worker.

The challenges for the coming year include sustainability and consent and confidentiality. The next steps for sustainability are to include wellness center staff in MAA billing, investigate leveraged funding opportunities from State and Federal sources and private foundations and to increase support for community clinics. For consent and confidentiality the next step is the adoption of standard forms and procedures.

Commissioners' Comments

- Commissioner Chow said there seems to be good cooperation between the City and the school district, which is positive. He asked if what potential new funding sources could be pursued. Ms. Garcia said one source is private foundations. In addition staff needs to revisit the Medi-Cal billing issue. Commissioner Chow asked how DPH reaches vulnerable students at the high schools without wellness centers. Ms. Chan-Sew said that DPH has many school-based health programs in addition to the wellness centers. Ms. Garcia added that different non-profits are at different high schools, and Balboa High School has a teen clinic.

- Commissioner Guy said that parents are critical partners. It is compelling that the programs costs so little per youth served. Staff needs to examine more sustainable funding streams. She asked what connections exist with other primary care programs in dealing with health issues such as asthma. Ms. Chan-Sew said that asthma has not really been a predominant health concern raised at the wellness centers, mainly issues such as body image, weight and sexual reproduction.

- Commissioner Sanchez offered a few suggestions to improve linkages with primary care clinics, including physician consultation and supporting wellness centers' needs for laboratory services. He added that the change to school-site budgeting could present a challenge to the program, as there will be a wide variance among schools.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Olson
Executive Secretary to the
Health Commission

Attachment (1)

City and County of San Francisco Department of Public Health

MEMORANDUM

August 27, 2002

TO: Joint Conference Committee
Community Health Network

FROM: Gregg Sass
Chief Financial Officer

RE: Chief Financial Officer's Report

The Community Health Network (including Mental Health and Substance Abuse) is projecting an overall surplus of $42 Million for the Fiscal Year ending June 30, 2002. The table on the following pages compares the 3rd Quarter projections to the 4th Quarter for all of the Department of Public Health. For the Community Health Network, there is a $15.7 Million increase in the 4th Quarter projected surplus from what was projected in the 3rd Quarterly Report.

A more detailed schedule of revenues and expenses for all of the Department of Public Health, as well as detailed revenue and expenditure reports for the Community Health Network, are attached for review.

Finance 101 Grove Street San Francisco, CA 94102

DPH Preliminary FY01-02 Revenue and Expense Report
4th Quarter vs 3rd Quarter

Department of Public Health	FY01-02 3rd Quarter Surplus/(Deficit)	FY01-02 4th Quarter Surplus/(Deficit)	Variance
Division			
SFGH	7,420,000	19,787,000	12,367,000
Laguna Honda	11,269,000	12,152,000	883,000
Primary Care	2,498,000	3,916,000	1,418,000
Health at Home	(32,000)	373,000	405,000
Jail Health	(1,968,000)	(1,016,000)	952,000
Public Health	2,469,000	4,820,000	2,351,000
Mental Health	6,156,000	3,911,000	(2,245,000)
Substance Abuse	2,678,000	2,642,000	(36,000)
Subtotal	**$30,490,000**	**$46,585,000**	**$16,095,000**

Preliminary estimates for the Department of Public Health indicate a projected surplus of $46.6 Million. This is an increase of $16 Million dollars from the 3rd Quarter Projections reported in May, 2002. The following summarizes the changes by division.

San Francisco General Hospital

The projected surplus has increased by $12.3 Million primarily due to:

- $7.5 Million in prior year cost report settlements; and
- $2 Million in additional net patient service revenues
- $3 Million in additional revenue from Medi-Cal Managed Care Capitation; and
- $4 Million in additional SB855 Revenue (net of the IGT); and
- $4 Million in additional unfavorable expense variances related to end of year accruals in non payroll expenses

Laguna Honda Hospital

The projected surplus at Laguna Honda has increased by $883,000 primarily due to:

- an small decrease in projected revenues of $$230,000; and
- an elimination of deficit spending in operating expenses as a result of an $1.1 Million appropriation transfer from SFGH.

Primary Care

The projected surplus for Primary Care has increased by $1.4 Million due to prior year settlement.

Jail Health

The projected deficit for Jail Health Services has decreased by $952,000 primarily due to a favorable decrease in projected operating expenses based on actuals.

Health at Home

The $32,000 deficit for Health at Home has reverted to a $373,000 surplus due to:

- an increase in Medicare revenues; and
- a favorable decrease in operating expenses based on actuals.

Public Health

The projected surplus for Public Health has increased by $2.4 Million primarily due to :

- a favorable decrease in operating expenses of $2.9 Million; and
- A decrease in various revenues of $0.5 Million

Mental Health

The surplus for Mental Health has decreased by $2.2 Million primarily due to:

- a decrease in M/Cal and miscellaneous revenues of $1 Million based on actuals; and
- a decrease in SB90 revenues of $1.1 Million based on actuals; and
- a $0.2 Million unfavorable variance in operating expenses.

Substance Abuse

The surplus in Substance Abuse has decreased by $36,000 due to a offsetting variances in revenues and expenses.

It should be noted that these projections are preliminary and are subject to change based on review and analysis by the City Controller.

Preliminary 4th Quarter (Year End) Financial Statement
FY 01-02

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget (1)	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 476,234,000	$ 485,113,000	$ 8,879,000	$ 476,234,000	$ 465,326,000	$ 10,908,000	19,787,000
Laguna Honda	140,691,000	152,120,000	$ 11,429,000	$ 140,691,000	139,968,000	723,000	12,152,000
Primary Care	45,695,000	48,833,000	3,138,000	$ 45,695,000	44,917,000	778,000	3,916,000
Health at Home	4,435,000	4,453,000	18,000	$ 4,435,000	4,080,000	355,000	373,000
Jail Health	24,609,000	24,401,000	(208,000)	24,609,000	25,417,000	(808,000)	(1,016,000)
Public Health	91,730,000	90,932,000	(798,000)	91,730,000	86,112,000	5,618,000	4,820,000
Mental Health	164,495,000	163,216,000	(1,279,000)	164,495,000	159,305,000	5,190,000	3,911,000
Substance Abuse	64,172,000	64,576,000	404,000	64,172,000	61,934,000	2,238,000	2,642,000
Subtotal	**1,012,061,000**	**1,033,644,000**	**21,583,000**	**1,012,061,000**	**987,059,000**	**25,002,000**	**46,585,000**
FY 01-02 GF Reduction (2)		(10,400,000)	(10,400,000)				(10,400,000)
TOTAL DPH	**1,012,061,000**	**1,023,244,000**	**11,183,000**	**1,012,061,000**	**987,059,000**	**25,002,000**	**36,185,000**

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

(2) Per General Fund reduction Plan

San Francisco General Hospital

STATEMENT OF REVENUE AND EXPENSES - FYE 6/30/02

Month Ending: JUN 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var.		Projection	Budget	Variance	% Var.	
					NET PATIENT SERVICE REVENUE:					
1	70,295	53,521	16,774	31.3%	Medi-Cal Revenue	70,295	48,710	21,585	44.3%	1
2	49,843	52,921	(3,078)	-5.8%	Medicare Revenue	49,843	43,905	5,938	13.5%	2
3	47,200	34,857	12,343	35.4%	Other Patient Revenue	47,200	46,686	514	1.1%	3
4	(23,643)	(24,500)	857	3.5%	Provision for Bad Debt	(23,643)	(22,500)	(1,143)	-5.1%	4
5	143,695	116,799	26,896	23.0%	TOTAL NET PATIENT SERVICE REVENUE	143,695	116,801	26,894	23.0%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	5,054	5,054	0	n/a	Short Doyle Medi-Cal	5,054	5,054	0	n/a	9
10	6,403	4,381	2,022	46.2%	MAA/TCM	6,403	4,381	2,022	46.2%	10
11	106,173	126,183	(20,010)	-15.9%	SB855	106,173	126,183	(20,010)	-15.9%	11
12	20,000	21,700	(1,700)	-7.8%	SB1255	20,000	21,700	(1,700)	-7.8%	12
13	1,300	1,300	0	n/a	GME	1,300	1,300	0	n/a	13
14	11,536	8,519	3,017	35.4%	Capitation/Managed Care Settlement	11,536	8,519	3,017	35.4%	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	60,176	61,113	(937)	-1.5%	State Realignment	60,176	61,113	(937)	-1.5%	17
18	3,544	3,409	135	4.0%	Prop 99 AB75	3,544	3,409	135	4.0%	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	3,234	3,277	(43)	-1.3%	Fees/Cafeteria/Misc. (includes lease income)	3,234	3,277	(43)	-1.3%	20
21	8,365	9,243	(878)	-9.5%	Workorder Recovery	8,365	9,243	(878)	-9.5%	21
22	5,631	5,846	(215)	-3.7%	Transfer In and Project-Related	5,631	5,846	(215)	-3.7%	22
23	14,482	14,482	0	n/a	Carryforward	14,482	14,482	0	n/a	23
24	245,898	264,507	(18,609)	-7.0%	TOTAL OTHER OPERATING REVENUE	245,898	264,507	(18,609)	-7.0%	24
25										25
26	389,593	381,306	8,287	2.2%	TOTAL OPERATING REVENUE	389,593	381,308	8,285	2.2%	26
27										27
28					OPERATING EXPENSES:					28
29	169,481	162,986	(6,495)	-4.0%	Personnel Services	169,481	162,986	(6,495)	-4.0%	29
30	40,424	39,079	(1,345)	-3.4%	Mandatory Fringe Benefits	40,424	39,079	(1,345)	-3.4%	30
31	109,158	105,686	(3,472)	-3.3%	Non-personal Services	109,996	105,686	(4,310)	-4.1%	31
32	41,388	41,305	(83)	-0.2%	Materials and Supplies	41,388	41,305	(83)	-0.2%	32
33	5,855	7,562	1,707	22.6%	Facilities Maint. & Capital Outlay	6,663	7,562	899	11.9%	33
34	15,613	15,861	248	1.6%	Services of Other Departments (workorders	15,629	15,861	232	1.5%	34
35	71,623	92,325	20,702	22.4%	Operating Transfer Out	71,623	92,325	20,702	22.4%	35
36	5,129	5,129	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a	36
37	5,718	7,618	1,900	24.9%	Projects	5,718	7,618	1,900	24.9%	37
38	464,389	477,551	13,162	2.8%	TOTAL OPERATING EXPENSES	466,051	477,551	11,500	2.4%	38
39										39
40	(74,796)	(96,245)	21,449	22.3%	OPERATING INCOME/(LOSS)	(76,458)	(96,243)	19,785	20.6%	40
41										41
42					NON-OPERATING REVENUE:					42
43	96,245	96,245	0	n/a	General Fund	96,245	96,245	0	n/a	43
44	96,245	96,245	0	n/a	TOTAL NON-OPERATING REVENUE	96,245	96,245	0	n/a	44
45										45
46	21,449	0	21,449	n/a	NET INCOME/(LOSS)	19,787	2	19,785	####	46

Attachment A
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Laguna Honda Hospital

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	101,938	89,660	12,278	13.7%	Medi-Cal Revenue	101,938	89,660	12,278	13.7%	1
2	3,608	3,477	131	3.8%	Medicare Revenue	3,608	3,477	131	3.8%	2
3	6,702	7,378	(676)	-9.2%	Other Patient Revenue	6,702	7,378	(676)	-9.2%	3
4	(1,122)	(900)	(222)	-24.7%	Provision for Bad debt	(1,122)	(900)	(222)	-24.7%	4
5	111,126	99,615	11,511	11.6%	TOTAL NET PATIENT SERVICE REVENUE	111,126	99,615	11,511	11.6%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	243	325	(82)	-25.2%	Fees/Cafeteria/Misc (includes lease income)	243	325	(82)	-25.2%	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	0	0	0	n/a	Carryforward	0	0	0	n/a	23
24	243	325	(82)	-25.2%	TOTAL OTHER OPERATING REVENUE	243	325	(82)	-25.2%	24
25										25
26	111,369	99,940	11,429	11.4%	TOTAL OPERATING REVENUE	111,369	99,940	11,429	11.4%	26
27										27
28					OPERATING EXPENSES:					28
29	94,898	94,547	(351)	-0.4%	Personnel Services	94,898	94,547	(351)	-0.4%	29
30	24,345	24,819	474	1.9%	Mandatory Fringe Benefits	24,345	24,819	474	1.9%	30
31	2,678	2,719	41	1.5%	Non-personal Services	2,678	2,719	41	1.5%	31
32	10,617	10,571	(46)	-0.4%	Materials and Supplies	10,617	10,571	(46)	-0.4%	32
33	1,056	1,197	140	11.7%	Facilities Maint. & Capital Outlay	1,056	1,197	140	11.7%	33
34	6,374	6,838	464	6.8%	Services of Other Departments (workorders)	6,374	6,838	464	6.8%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	139,968	140,691	723	0.5%	TOTAL OPERATING EXPENSES	139,968	140,691	723	0.5%	38
39										39
40	(28,599)	(40,751)	12,152	29.8%	OPERATING INCOME/(LOSS)	(28,599)	(40,751)	12,152	29.8%	40
41										41
42					NON-OPERATING REVENUE:					42
43	40,751	40,751	0	n/a	General Fund	40,751	40,751	0	n/a	43
44	40,751	40,751	0	n/a	TOTAL NON-OPERATING REVENUE	40,751	40,751	0	n/a	44
45										45
46	12,152	0	12,152	n/a	NET INCOME/(LOSS)	12,152	0	12,152	n/a	46

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2002

(In Thousand of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	9,467	4,085	5,382	131.8%	Medi-Cal Revenue	9,470	4,085	5,385	131.8%	1
2	753	1,174	(421)	-35.9%	Medicare Revenue	750	1,174	(424)	-36.1%	2
3	80	800	(720)	-90.0%	Other Patient Revenue	80	800	(720)	-90.0%	3
4	(762)	(1,200)	438	36.5%	Provision for Bad Debt	(762)	(1,200)	438	36.5%	4
5	9,538	4,859	4,679	96.3%	TOTAL NET PATIENT SERVICE REVENUE	9,538	4,859	4,679	96.3%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	-	n/a	Short Doyle (Community Health Service)	0	0	-	n/a	8
9	0	0	-	n/a	Short Doyle Medi-Cal	0	0	-	n/a	9
10	977	1,399	(422)	-30.2%	MAA/TCM	977	1,399	(422)	-30.2%	10
11	0	0	-	n/a	SB855	0	0	-	n/a	11
12	0	0	-	n/a	SB1255	0	0	-	n/a	12
13	0	0	-	n/a	GME	0	0	-	n/a	13
14	1,053	744	309	41.5%	Capitation/Managed Care Settlement	1,053	744	309	41.5%	14
15	0	0	-	n/a	State Alcohol	0	0	-	n/a	15
16	0	0	-	n/a	Proposition 36	0	0	-	n/a	16
17	0	0	-	n/a	State Realignment	0	0	-	n/a	17
18	0	0	-	n/a	Prop 99 AB75	0	0	-	n/a	18
19	0	0	-	n/a	Other State (CCS and State Mandated Cost)	0	0	-	n/a	19
20	88	1,165	(1,077)	-92.4%	Fees/Cafeteria/Misc. (includes lease income)	88	1,165	(1,077)	-92.4%	20
21	5,460	5,225	235	4.5%	Workorder Recovery	4,875	5,225	(350)	-6.7%	21
22	0	0	-	n/a	Transfer In and Project-Related	0	0	-	n/a	22
23	1,420	1,420	-	n/a	Carryforward	1,420	1,420	-	n/a	23
24	8,998	9,953	8,403	84.4%	TOTAL OTHER OPERATING REVENUE	8,413	9,953	7,818	78.5%	24
25										25
26	18,536	###	3,724	25.1%	TOTAL OPERATING REVENUE	17,951	14,812	3,139	21.2%	26
27										27
28					OPERATING EXPENSES:					28
29	28,916	###	1,106	3.7%	Personnel Services	28,916	30,022	1,106	3.7%	29
30	6,905	6,613	(292)	-4.4%	Mandatory Fringe Benefits	6,905	6,613	(292)	-4.4%	30
31	2,856	3,055	199	6.5%	Non-personal Services	3,497	3,055	(442)	-14.5%	31
32	1,517	1,892	375	19.8%	Materials and Supplies	1,518	1,892	374	19.8%	32
33	67	2,216	2,149	97.0%	Facilities Maint. & Capital Outlay	2,216	2,216	-	n/a	33
34	1,464	1,642	178	10.8%	Services of Other Departments (workorders)	1,611	1,642	31	1.9%	34
35	254	21	(233)	-1109.5%	Operating Transfer Out	254	254	-	n/a	35
36	-	-	-	n/a	Intrafund Transfer	-	-	-	n/a	36
37	-	-	-	n/a	Projects	-	-	-	n/a	37
38	41,979	###	3,482	7.7%	TOTAL OPERATING EXPENSES	44,917	45,694	777	1.7%	38
39										39
40	(23,443)	###	7,206	23.5%	OPERATING INCOME/(LOSS)	(26,966)	(30,882)	3,916	12.7%	40
41										41
42					NON-OPERATING REVENUE:					42
43	30,882	###	-	n/a	General Fund	30,882	30,882	-	n/a	43
44	30,882	###	-	n/a	TOTAL NON-OPERATING REVENUE	30,882	30,882	-	n/a	44
45										45
46	7,439	233	7,206	3092.7%	NET INCOME/(LOSS)	3,916	-	3,916	n/a	46

HEALTH AT HOME

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	367	596	(229)	-38.4%	Medi-Cal Revenue	367	596	(229)	-38.4%	1
2	1,006	763	243	31.8%	Medicare Revenue	1,006	763	243	31.8%	2
3	34	30	4	13.3%	Other Patient Revenue	34	30	4	13.3%	3
4	0	0	0	n/a	Provision for Bad Debt	0	0	0	n/a	4
5	1,407	1,389	18	1.3%	TOTAL NET PATIENT SERVICE REVENUE	1,407	1,389	18	1.3%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle Medi-Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	0	0	0	n/a	20
21	466	592	(126)	-21.3%	Workorder Recovery	466	589	(123)	-20.9%	21
22	0	0	0	n/a	Transfer In and Project-Related	0	0	0	n/a	22
23	6	6	0	n/a	Carryforward	6	6	0	n/a	23
24	472	598	(126)	-21.1%	TOTAL OTHER OPERATING REVENUE	472	595	(123)	-20.7%	24
25										25
26	1,879	1,987	(108)	-5.4%	TOTAL OPERATING REVENUE	1,879	1,984	(105)	-5.3%	26
27										27
28					OPERATING EXPENSES:					28
29	3,333	3,561	228	6.4%	Personnel Services	3,333	3,561	228	6.4%	29
30	779	782	3	0.4%	Mandatory Fringe Benefits	779	782	3	0.4%	30
31	198	380	182	47.9%	Non-personal Services	198	380	182	47.9%	31
32	135	195	60	30.8%	Materials and Supplies	135	195	60	30.8%	32
33	0	44	44	100.0%	Facilities Maint. & Capital Outlay	44	44	0	n/a	33
34	57	62	5	8.1%	Services of Other Departments (workorders)	57	62	5	8.1%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	4,502	5,024	522	10.4%	TOTAL OPERATING EXPENSES	4,546	5,024	478	9.5%	38
39										39
40	(2,623)	(3,037)	414	13.6%	OPERATING INCOME/(LOSS)	(2,667)	(3,040)	373	12.3%	40
41										41
42					NON-OPERATING REVENUE:					42
43	3,040	3,040	0	n/a	General Fund	3,040	3,040	0	n/a	43
44	3,040	3,040	0	n/a	TOTAL NON-OPERATING REVENUE	3,040	3,040	0	n/a	44
45										45
46	417	3	414	n/a	NET INCOME/(LOSS)	373	0	373	n/a	46

JAIL HEALTH SERVICES

STATEMENT OF REVENUE AND EXPENSES

Month Ending: JUN 30, 2002

(In Thousands of Dollars)

	YEAR-TO-DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	-	n/a	Medi-Cal Revenue	0	0	-	n/a	1
2	0	0	-	n/a	Medicare Revenue	0	0	-	n/a	2
3	0	0	-	n/a	Other Patient Revenue	0	0	-	n/a	3
4	0	0	-	n/a	Provision for Bad Debt	0	0	-	n/a	4
5	0	0	-	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	-	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	-	n/a	Short Doyle (Community Health Service)	0	0	-	n/a	8
9	0	0	-	n/a	Short Doyle Medi-Cal	0	0	-	n/a	9
10	0	0	-	n/a	MAA/TCM	0	0	-	n/a	10
11	0	0	-	n/a	SB855	0	0	-	n/a	11
12	0	0	-	n/a	SB1255	0	0	-	n/a	12
13	0	0	-	n/a	GME	0	0	-	n/a	13
14	0	0	-	n/a	Capitation/Managed Care Settlement	0	0	-	n/a	14
15	0	0	-	n/a	State Alcohol	0	0	-	n/a	15
16	0	0	-	n/a	Proposition 36	0	0	-	n/a	16
17	0	0	-	n/a	State Realignment	0	0	-	n/a	17
18	0	0	-	n/a	Prop 99 AB75	0	0	-	n/a	18
19	0	0	-	n/a	Other State (CCS and State Mandated Cost)	0	0	-	n/a	19
20	27	25	2	8.0%	Fees/Cafeteria/Misc. (includes lease income)	27	25	2	8.0%	20
21	846	1,056	(210)	-19.9%	Workorder Recovery	846	1,056	(210)	-19.9%	21
22	0	0	-	n/a	Transfer In and Project-Related	0	0	-	n/a	22
23	372	372	-	n/a	Carryforward	372	372	-	n/a	23
24	1,245	1,453	(208)	-14.3%	TOTAL OTHER OPERATING REVENUE	1,245	1,453	(208)	-14.3%	24
25										25
26	1,245	1,453	(208)	-14.3%	TOTAL OPERATING REVENUE	1,245	1,453	(208)		26
27										27
28					OPERATING EXPENSES:					28
29	15,556	14,526	(1,030)	-7.1%	Personnel Services	15,556	14,528	(1,028)	-7.1%	29
30	3,116	2,593	(523)	-20.2%	Mandatory Fringe Benefits	3,116	2,593	(523)	-20.2%	30
31	4,313	4,888	575	11.8%	Non-pesonal Services	4,313	4,888	575	11.8%	31
32	1,884	1,919	35	1.8%	Materials and Supplies	1,884	1,919	35	1.8%	32
33	0	60	60	100.0%	Facilities Maint. & Capital Outlay	0	60	60	100.0%	33
34	548	621	73	11.8%	Services of Other Departments (workorders)	548	621	73	11.8%	34
35	0	0	-	n/a	Operating Transfer Out	0	0	-	n/a	35
36	0	0	-	n/a	Intrafund Transfer	0	0	-	n/a	36
37	0	0	-	n/a	Projects	0	0	-	n/a	37
38	25,417	24,607	(810)	-3.3%	TOTAL OPERATING EXPENSES	25,417	24,609	(808)	-3.3%	38
39										39
40	(24,172)	####	(1,018)	-4.4%	OPERATING INCOME/(LOSS)	(24,172)	(23,156)	(1,016)	-4.4%	40
41										41
42					NON-OPERATING REVENUE:					42
43	23,156	23,156	0	n/a	General Fund	23,156	23,156	0	n/a	43
44	23,156	23,156	-	n/a	TOTAL NON-OPERATING REVENUE	23,156	23,156	-	n/a	44
45										45
46	(1,016)	2	(1,018)	n/a	NET INCOME/(LOSS)	(1,016)	0	(1,016)	n/a	46

Department of Public Health - Public Health Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

YEAR TO DATE					ANNUAL			
		Fav/(Unfav)					Fav/(Unfav)	
Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var
				NET PATIENT SERVICE REVENUE:				
1,015	947	68	7.21%	Medi-Cal Revenue	1,015	947	68	7.21%
1	1	0	20.60%	Medicare Revenue	1	1	0	20.60%
55	62	(7)	-11.56%	Other Patient Revenue	55	62	(7)	-11.56%
0	0	0	n/a	Provision for Bad debt	0	0	0	n/a
1,071	1,010	61	6.07%	TOTAL NET PATIENT SERVICE REVENUE	1,071	1,010	61	6.07%
				OTHER OPERATING REVENUE:				
0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a
0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a
847	884	(38)	-4.26%	MAA/TCM	847	884	(38)	-4.26%
0	0	0	n/a	SB855	0	0	0	n/a
0	0	0	n/a	SB1255	0	0	0	n/a
0	0	0	n/a	GME	0	0	0	n/a
0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a
0	0	0	n/a	State Alcohol	0	0	0	n/a
0	0	0	n/a	Proposition 36	0	0	0	n/a
25,915	25,370	545	2.15%	State Realignment	26,946	25,370	1,576	6.21%
1,924	2,152	(229)	-10.62%	Prop 99 AB75	1,924	2,152	(229)	-10.62%
4,813	5,659	(846)	-14.95%	Other State (CCS and State Mandated Cost)	4,813	5,659	(846)	-14.95%
9,905	10,283	(378)	-3.67%	Fees/Cafeteria/Misc (includes lease income)	9,905	10,283	(378)	-3.67%
2,848	4,167	(1,319)	-31.66%	Workorder Recovery	3,222	4,167	(945)	-22.67%
0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a
5,832	5,832	0	n/a	Carryforward	5,832	5,832	0	n/a
52,083	54,348	(2,265)	-4.17%	TOTAL OTHER OPERATING REVENUE	53,488	54,348	(860)	-1.58%
53,154	55,358	(2,204)	-3.98%	TOTAL OPERATING REVENUE	54,560	55,358	(798)	-1.44%
				OPERATING EXPENSES:				
32,692	35,772	3,081	8.61%	Personnel Services	32,692	35,772	3,081	8.61%
7,702	8,319	617	7.42%	Mandatory Fringe Benefits	7,702	8,319	617	7.42%
32,973	36,616	3,643	9.95%	Non-personal Services	32,974	36,616	3,642	9.95%
4,020	4,380	359	8.21%	Materials and Supplies	4,020	4,380	359	8.21%
146	188	43	22.72%	Facilities Maint. & Capital Outlay	146	188	43	22.72%
7,044	6,455	(589)	-9.13%	Services of Other Departments (workorders)	7,044	6,455	(589)	-9.13%
0	0	0	n/a	Operating Transfer Out	0	0	0	n/a
0	0	0	n/a	Intrafund Transfer	0	0	0	n/a
0	0	0	n/a	Projects	0	0	0	n/a
0	0	0	n/a	Carryforward Request	1,535	0	(1,535)	n/a
84,576	91,730	7,154	7.80%	TOTAL OPERATING EXPENSES	86,112	91,730	5,618	6.12%
(31,422)	(36,372)	4,950	-13.61%	OPERATING INCOME/(LOSS)	(31,552)	(36,372)	4,820	-13.25%
				NON-OPERATING REVENUE:				
36,372	36,372	0	n/a	General Fund	36,372	36,372	0	n/a
36,372	36,372	0	n/a	TOTAL NON-OPERATING REVENUE	36,372	36,372	0	n/a
4,950	0	4,950	######	NET INCOME/(LOSS)	4,820	0	4,820	#####

Department of Public Health - Mental Health Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	6,374	8,319	(1,945)	-23.38%	Medi-Cal Revenue	6,374	8,319	(1,945)	-23.38%	1
2	377	600	(223)	-37.21%	Medicare Revenue	377	600	(223)	-37.21%	2
3	265	270	(5)	-1.91%	Other Patient Revenue	265	270	(5)	-1.91%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	7,015	9,189	(2,174)	-23.65%	TOTAL NET PATIENT SERVICE REVENUE	7,015	9,189	(2,174)	-23.65%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	10,787	10,946	(159)	-1.45%	Short Doyle (Community Mental Health Service)	10,787	10,946	(159)	-1.45%	8
9	31,244	27,998	3,246	11.59%	Short Doyle M/Cal	31,244	27,998	3,246	11.59%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	48,605	53,226	(4,621)	-8.68%	State Realignment	54,090	53,226	864	1.62%	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	292	1,385	(1,093)	-78.91%	Other State (CCS and State Mandated Cost)	292	1,385	(1,093)	-78.91%	19
20	569	727	(158)	-21.75%	Fees/Cafeteria/Misc (includes lease income)	569	727	(158)	-21.75%	20
21	8,182	9,988	(1,805)	-18.08%	Workorder Recovery	8,182	9,988	(1,805)	-18.08%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	9,951	9,951	0	n/a	Carryforward	9,951	9,951	0	n/a	23
24	109,630	114,221	(4,591)	-4.02%	TOTAL OTHER OPERATING REVENUE	115,115	114,221	894	0.78%	24
25										25
26	116,646	123,410	(6,765)	-5.48%	TOTAL OPERATING REVENUE	122,131	123,410	(1,280)	-1.04%	26
27										27
28					OPERATING EXPENSES:					28
29	32,984	34,254	1,270	3.71%	Personnel Services	32,984	34,254	1,270	3.71%	29
30	7,533	7,612	79	1.04%	Mandatory Fringe Benefits	7,533	7,612	79	1.04%	30
31	101,626	115,616	13,990	12.10%	Non-personal Services	102,422	115,616	13,194	11.41%	31
32	2,213	2,335	123	5.25%	Materials and Supplies	2,213	2,335	123	5.25%	32
33	523	471	(52)	-11.07%	Facilities Maint. & Capital Outlay	523	471	(52)	-11.07%	33
34	4,201	4,207	6	0.15%	Services of Other Departments (workorders)	4,201	4,207	6	0.15%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	9,429	0	(9,429)	n/a	38
39	149,080	164,495	15,415	9.37%	TOTAL OPERATING EXPENSES	159,305	164,495	5,191	3.16%	39
40										40
41	(32,434)	(41,085)	8,651	-21.06%	OPERATING INCOME/(LOSS)	(37,174)	(41,085)	3,911	-9.52%	41
42										42
43					NON-OPERATING REVENUE:					43
44	41,085	41,085	0	n/a	General Fund	41,085	41,085	0	n/a	44
45	41,085	41,085	0	n/a	TOTAL NON-OPERATING REVENUE	41,085	41,085	0	n/a	45
46										46
47	8,651	0	8,651	n/a	NET INCOME/(LOSS)	3,911	0	3,911	n/a	47

Department of Public Health - Substance Abuse Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	3,525	3,488	38	1.08%	Short Doyle M/Cal	3,525	3,488	38	1.08%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	16,585	16,224	361	2.23%	State Alcohol	16,585	16,224	361	2.23%	15
16	7,116	7,116	0	n/a	Proposition 36	7,116	7,116	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	574	100	474	474.31%	Fees/Cafeteria/Misc (includes lease income)	574	100	474	474.31%	20
21	1,787	2,616	(828)	-31.66%	Workorder Recovery	2,146	2,616	(469)	-17.95%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	1,920	1,920	0	n/a	Carryforward	1,920	1,920	0	n/a	23
24	31,509	31,463	45	0.14%	TOTAL OTHER OPERATING REVENUE	31,867	31,463	404	1.28%	24
25										25
26	31,509	31,463	45	0.14%	TOTAL OPERATING REVENUE	31,867	31,463	404	1.28%	26
27										27
28					OPERATING EXPENSES:					28
29	1,875	2,839	964	33.96%	Personnel Services	1,875	2,839	964	33.96%	29
30	449	660	210	31.86%	Mandatory Fringe Benefits	449	660	210	31.86%	30
31	49,514	55,364	5,850	10.57%	Non-personal Services	49,514	55,364	5,850	10.57%	31
32	408	436	29	6.59%	Materials and Supplies	408	436	29	6.59%	32
33	95	120	25	21.19%	Facilities Maint. & Capital Outlay	95	120	25	21.19%	33
34	4,760	4,754	(6)	-0.13%	Services of Other Departments (workorders)	4,760	4,754	(6)	-0.13%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	4,833	0	(4,833)	n/a	38
39	57,100	64,172	7,072	11.02%	TOTAL OPERATING EXPENSES	61,934	64,172	2,239	3.49%	39
40										40
41	(25,592)	(32,709)	7,117	-21.76%	OPERATING INCOME/(LOSS)	(30,066)	(32,709)	2,643	-8.08%	41
42										42
43					NON-OPERATING REVENUE:					43
44	32,709	32,709	0	n/a	General Fund	32,709	32,709	0	n/a	44
45	32,709	32,709	0	n/a	TOTAL NON-OPERATING REVENUE	32,709	32,709	0	n/a	45
46										46
47	7,117	0	7,117	n/a	NET INCOME/(LOSS)	2,643	0	2,643	n/a	47

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 24, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF AUGUST 27, 2002**
**Minutes for August 27, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **STATUS REPORT ON THE LONG RANGE SERVICE DELIVERY PLAN AND SAN FRANCISCO GENERAL HOSPITAL INSTITUTIONAL MASTER PLAN**
(Tony Wagner, Executive Admin. Community Health Network)
**Report*

5) EMERGING ISSUES

6) PUBLIC COMMENTS**

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics.**

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 24, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Edward Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Jim Buker (DPW), Bob Cabaj, Anne Chang, Michelle Friedman, Larry Funk, Valerie Inouye, John Kanaley, Judith Klain, Gene O'Connell, David Ofman, M.D., Jorge Partida, Frank Patt, Chona Peralta, Patricia Perez Arce, Hiro Tokubo, Marc Trotz, Carlos Villalva, Anthony Wagner, Linda Wang.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF AUGUST 27, 2002

Action Taken: The Committee approved the minutes of the August 27, 2002 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Anthony Wagner, Executive Administrator, Community Health Network, presented the CHN Secretary's Report.

Staff Updates

LHH Nursing Staff Graduations
LHH is proud to announce that 13 of their nursing staff have completed academic preparation for and graduated with a Master of Science in Nursing. In June 2002 Jill LeCount, Angela Platzer and Susan Spencer graduated form the University Of California, San Francisco. Ten staff completed their work at San Francisco State University in August. Those graduates include Tess Baluyut, Mercy Devasconcellos, Thelma Domingo, Naty Dullas, Lenora Jacobs Ana Delia Kim, Sophie Mace, Maria Corazon Munsayac, Elise Rameriz and Cherino Tinio. Other CHN graduates from SFSU include Gloria Garcia Orme from SFGH and Chad Belicena from the MHRF. This graduation celebrated a three-year partnership between SFSU and LHH to recruit and prepare highly experienced and skilled nurses from the workforce for advancement at the clinical leadership and practice levels. Congratulations to all!

Higher Education Grant for Nurses
The Division is also proud to announce that UCSF and LHH were awarded a grant from the American Association of Colleges of Nursing (Bennett, J.A., Wallhagen, M., Fleming, M.L., Kayser-Jones, J.S. & Harrington, C. John A. Hartford Foundation, New York, NY. $90,000. A Partnership Between UCSF School of Nursing and Laguna Honda Hospital to Increase the Number and Diversity of Gerontological Advanced Practice Nurses.). This grant enables the School of Nursing to provide a program for working nurses from diverse backgrounds to attain academic preparation at the masters level. Seven nurses from LHH and one from SFGH were accepted into this prestigious program. Espie Sorongon and Donna Valencia from LHH and Anna Sempara from 4A at SFGH are recepients of full scholarships for their 3 years of study.

California HealthCare Leadership Program Fellow
A hearty congratulations goes to Mivic Hirose. Mivic was selected through a highly competitive process as a Fellow in the California HealthCare Leadership Program and joins 25 top healthcare leaders in the state in receiving this recognition and opportunity to study in this 2-year program. The program is sponsored by the Centers for the Health Professions at UCSF.

Program Updates

Adult and Older Adult All-Staff Meeting
The first-ever all-staff meeting for Adult and Older Adult Mental Health Services staff was held on September 18th and 19th, 2002. Both meetings were the same in order to accommodate the number of staff involved without closing any services.

Tom Waddell Health Center Reduced Weekday Hours
Due to renovations, Tom Waddell Health Center will be reducing their weekday drop in services until December 1, 2002. During this time, they will be able to see fewer clients and anticipate longer waiting times. The clinic is encouraging patients, when appropriate, to visit other community clinics or health facilities for urgent medical care.

DPH Prevention Framework

In an effort to better coordinate the various DPH prevention activities, Prevention leadership within the Department convened a meeting on August 12th, 2002, attended by section heads across the Department, to develop a DPH wide prevention framework. The group has subsequently developed a draft framework, which includes goals, guiding principles, proposed steps and resources. As part of the process, the Prevention Group will be listed as a workgroup under the Department's Integration Task Force and prevention will be discussed every quarter at the Community Programs Management Team Meeting. The Prevention Group will finalize the framework on September 23.

Behavioral Health Planning Update

The planning for integrating Community Mental Health Services and Community Substance Abuse Services is moving ahead. Barbara Garcia has sent a letter to all programs announcing the start of the planning process. The Executive Committee for the integration has hired a consultant who will facilitate12 focus groups for the purpose of getting input from all the stakeholders. The Executive committee has also developed a committee structure to inform the development of the plan. The CMHS and CSAS Executive Staff are now meeting jointly once a month.

End the Exploitation of Girls Task Force

Spearheaded by Supervisor Tom Ammiano, the Board of Supervisors approved the creation of a task force that will provide policy recommendation and advice to the Board on how to treat the needs of sexually exploited and abused youth. Specifically, the work group will discuss and make recommendations regarding the creation of services; the creation and support of a 24-hour hotline; the creation of 24-hour street outreach; and the creation of a safehouse to meet the needs of these youth. The Department is represented by Maria Cora, Coordinator of the Office of Women's Health, and staff support is being provided by Iman Nazeeri-Simmons, Coordinator of the Office of Adolescent Health.

Southeast Neighborhood Jobs Initiatives Roundtable

On August 21, 2002 Adult Mental Health Services sponsored a roundtable discussion on workforce & economic development. The goals of the event were to create a community agenda on jobs, inform the community of existing opportunities, and work together to meet the challenges of the community. Approximately 250 individuals attended the event, which was moderated by Belva Davis of KQED and the Hon. Supervisor Sophie Maxwell.

Active Aging Community Task Force (AACTF) Project

The Community Health Education Section has been asked to serve as the lead for the San Francisco Active Aging Community Task Force (AACTF) Project. The task force will bring together representatives of community-based organizations and of the aging, public health, medical, education, and recreation communities. Together they will work to increase public awareness about the benefits of physical activity for older adults and to implement community-based physical activity programs that include strength-training exercises aimed at reducing the risk of chronic disease and falling in older adults. The task force will also serve as a platform for discussion of policy and environmental changes that favor physically active lifestyles.

Continuation of the Police Crisis Intervention Trainings

Mental Health Executive Staff and Hellyna Brooke, Executive Director of the Mental Health Board, met with Deputy Chief Heather Fong (recently appointed Deputy Chief for Administration) and other members of the SFPD Command Staff. At the meeting, SFPD and CMHS reaffirmed their joint commitment to the continuation of the Police Crisis Intervention Trainings as well as the

Police Procedures Orientation for CMHS staff. The next crisis intervention training will occur the week of October 7, 2002.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 46 episodes of diversion for 244 hours representing a rate of 32.8% in August 2002. This is a 4.3% increase in diversion since July 2002.

The 46 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total diversion	46	244	32.8	4.3%
Trauma override	6	17.25	2.3	.8%

The ED was impacted by capacity and high patient acuity during the episodes of total diversion. During this time, 275 patients were awaiting admission to in-patient beds [ICU-23, 4B/StepDown-134, 5E-1, MedSurg-116, 2-Isolation]. In August 2001, the ED was on diversion 38% of the month. Trauma Override was invoked 3% of the month in August 2001.

Total diversion was recorded for 46 episodes, a total of 244 hours or a 32.3% rate for August 2002. While on Total Diversion the ED held 275 patients.

Trauma override was recorded for 6 episodes. This is a .8% increase in trauma override from July 2002. While on Trauma override the ED held 57 patients awaiting inpatient beds.

Policy Issues

Changes to State Mental Health Outcomes

The State Department of Mental Health will make major changes to the instruments and methodology used to collect outcomes data for both adults and children and youth. It is anticipated that these changes will go into effect in May 2003. In the meantime, in accordance with the States options for counties, San Francisco has stopped the current outcomes data collection effort.

Trainings, Conferences and Presentations

Networking Homeless Perinatal Meeting

On Monday, September 23, 2002, the Maternal & Child Health Section sponsored a Networking Follow-up to the Sixth Annual San Francisco Homeless Perinatal Conference. The goal of the conference was to enable participants to assist clients with housing, eviction prevention and contact resources. The morning session featured an overview of federal, state and local CalWORKS, how it's affecting each county and the pitfalls. The afternoon session discussed ways to avoid financial problems.

Latino Behavioral Health Committee 4th Annual Conference

On Friday, October 18th, 2002, Community Programs will be sponsoring a conference focusing on Latino Youth and Families with four plenary sessions on family reunification, Separation & divorce, Innovative Community Responses and Fostering Pride. Other topics presented at the conference are separation and abandonment due to legal status, acculturation and perception of separation/divorce and double households, innovative community programs/response for at-risk youth, and family acceptance of sexually diverse youth.

Management and Prevention of Aggressive Behaviors with Adolescents
On October 7, 2002 the Behavioral Health Services CMHS Children Youth & Families Section will sponsor a training on Management and Prevention of Aggressive Behaviors with Adolescents. The program will include discussions on the underlying structure of conflict resolution, behavioral models, aggression theory, observation of escalating behavior, communication and de-escalation techniques.

Commissioners' Comments

- Commissioner Chow is gratified that the Police Crisis Intervention Trainings are continuing. He asked that an update on the Emergency Room Diversion Task Force be included in the Secretary's Report for every CHN JCC meeting. With regard to the changes to the State's mental health outcomes, DPH should develop local measures so that evaluation doesn't just come to an end. He asked for a follow-up report to the CHN JCC.

- Commissioner Guy asked if the changes to the State mental health outcomes are new. Dr. Cabaj said that many counties throughout the state have poorly complied with the outcome studies so the State is working to either streamline or eliminate the outcomes. Commissioner Guy asked if this is a positive step. Dr. Cabaj replied that the data that had been collected had limited use. The State will continue to get consultation to develop more meaningful measures.

4) STATUS REPORT ON THE LONG RANGE SERVICE DELIVERY PLAN AND SAN FRANCISCO GENERAL HOSPITAL INSTITUTIONAL MASTER PLAN

Tony Wagner, Executive Admin. Community Health Network, presented the Institutional Master Plan (IMP) planning process. He updated the committee on the activities that have taken place since the July 16th Health Commission meeting. A steering committee has been formed to work on unresolved issues that came out of the Lewin report and to marry the programmatic recommendations from that report to a facilities plan. A Finance Committee has been formed and has met twice. This committee will be discussing not only financing for the building but also financing for the furniture, fixtures and equipment. A workgroup has been created that will focus on community outreach. And another meeting has been scheduled with UC to discuss co-location.

Mr. Wagner introduced Ignatius Tsang from SOM/Tsang, the consultants for the IMP. The team working on this project includes medical planners, real estate specialists, traffic planners, economists and community relations specialists, among others. Mr. Tsang said that the overall objective is to define the leading option for the IMP for SFGH by January 2003. The near-term objective is to develop baseline projections of demand in all areas that will impact IMP planning so that they may be used to create a variety of scenarios. The team will be presenting to the Health Commission in October, December and February. The baseline assumptions will be presented on October 15th, scenarios will be presented December 3rd and on February 4th the team will present the recommended scenarios. Subsequent to Health Commission approval the project goes through the City's bond review and approval process. The goal is to have a bond for voter consideration on the November 2003 ballot.

Charlie Cosovich from Kurt Salmon Associates, the health care consultants, discussed the development of baseline assumptions. The general approach is threefold:

- Leverage existing data/information, especially LRSD/Lewin report, wherever possible
- Ensure findings focus on level of detail needed for IMP

- Enable the teasing apart and re-aggregation of services to account for co-location opportunities.

When developing baselines, for each category and sub-category (this presentation focused on Acute Care, Diagnostic & Treatment, Ambulatory Care, Research and Education) the following things need to be understood:

- Where do the numbers come from – primary source, secondary source
- What are the numbers – volume of services units first, space units later
- How are the numbers best split apart for scenario development – where are the natural breakpoints?
- What are the sensitivities – what is the risk that the numbers may be wrong? How wrong would they have to be before a different answer is needed? What is the likely range of numbers?

Mr. Cosovich discussed in detail factors considered in the Acute Care baseline development and, to a lesser extent, Ambulatory Care and Diagnostic & Treatment.

Next Steps

- Issues to be resolved
    - Confirm Acute Care, Ambulatory and Diagnostic & Treatment "baseline" assumptions and calculations
    - Revise and confirm Research space assumptions
    - Develop Education space assumptions
- Translate all assumptions and calculations into space needs
- Confirm findings
- Develop scenarios

Commissioners' Comments

- Commissioner Chow complimented staff and the consultants for the report. He said that SFGH must be comfortable with the assumptions and this needs to be discussed fully at the SFGH JCC. Further, it is important that Primary Care is involved and gives their input. Patricia Perez Arce replied that her intention is to look at current capacity issues as well as the assumptions. Commissioner Chow said that the Health Commission is concerned about the patients across the spectrum of care, not just at SFGH, which is why the LRSD planning effort was so important. He added that one of the recommendations of the LRSD report was a super clinic, and this needs to be better defined. Commissioner Chow asked for a more detailed explanation of what will be presented at each of the Health Commission meetings. The consultant said that on October 15th they will confirm the baseline LRSD projections and address questions that came out of the July 16th Health Commission meeting. At the December 3rd meeting, five to seven scenarios will be presented, including site plans, shape and dimension and cost estimates. Then the list will be narrowed down to two preferred concepts, one of which can be strongly recommended to the Commission on February 4th.

- Commissioner Guy asked if issues such as diversion, capacity and wait times are being considered in the planning process. Mr. Cosovich said not at this time but will be during the scenario development phase of the process. She asked if the Department would be able to clearly explain the proposal to the public and address concerns, particularly around not being able to meet all needs. She said the electorate cares about behavioral health, primary care, wait time, etc. and the Department must have the ability to clearly explain its decisions. She also asked if the timeline was realistic. Mr. Wagner said that the timeline is tight but doable. He added that a decision about co-location would have to be made by October. Commissioner Guy expressed concern that the Health Commission will not have adequate time to make a decision and asked that another Health Commission meeting be added to the timeline. Mr. Wagner said he would look at the schedule and determine the best time to add another meeting.

5) EMERGING ISSUES

Commissioner Chow requested that updates on the helipad feasibility study be presented at appropriate meetings as part of the Secretary's Report.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.

Michele M. Olson
Health Commission Executive Secretary

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HEALTH COMMISSION

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Department of Public Health

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, October 22, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF SEPTEMBER 24, 2002**
**Minutes for September 24, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **1st QUARTER REVENUE AND EXPENDITURE REPORT**
(Valerie Inouye)
**Report*

5) **FOR DISCUSSION**: **STRATEGIC PLAN UPDATE**
(Anne Kronenberg, Director Policy and Planning)
**Update*

6) **FOR DISCUSSION**: **QUALITY ASSURANCE/QUALITY MANAGNEMENT REPORT**
(Michelle Friedman)
**Report*

7) **EMERGING ISSUES**

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, October 22, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner Michael Penn, Jr., Ph.D.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Margot Antonetty, Bob Cabaj, Sai-Ling Chan-Sew, Mildred Crear, Patricia Evans, M.D., Michelle Friedman, Larry Funk, Barbara Garcia, Valerie Inouye, Anne Kronenberg, Maria X. Martinez, Bill McConnell, Gene O'Connell, David Ofman, M.D., Anne Okubo, Jorge Partida, Frank Patt, Patricia Perez Arce, Jo Ruffin, Gregg Sass, Jim Soos and Anthony Wagner.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF SEPTEMBER 24, 2002

Action Taken: The Committee approved the minutes of the September 24, 2002 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

Older Adults and Traffic Safety
Michael Radetsky, from the Community Health Education Section, served as a member of The California Task Force on Older Adults and Traffic Safety, which recently issued a final report with recommendations. The report, a product of an 18-month planning effort, is the first step in a coordinated statewide effort to improve traffic safety for older Californians. The final report is available on-line at www.eldersafety.org/oats/finalrpt.pdf.

Changes to State Mental Health Outcomes
The State Department of Mental Health will make major changes to the instruments and methodology used to collect outcomes data for both adults and children and youth. It is anticipated that these changes will go into effect in May 2003. In the meantime, in accordance with the States options for counties, San Francisco has stopped the current outcomes data collection effort.

Community Mental Health Advanced Access Pilot
In the previous fiscal year, over 18,000 individuals received outpatient care from Community Mental Health Services (CMHS). In order to improve access to outpatient care for adults and older adults, CMHS is beginning an initial pilot of the advanced access model for managing demand for services and the resources to meet that demand. Training of clinic leadership will take place in October, followed by the testing of new strategies by clinics to streamline the process for accessing services.

Grant for Behavioral Health Treatment at Direct Access to Housing Sites
Housing and Urban Health has received an award of $1.8 million from HHS' Substance Abuse and Mental health Services Administration (SAMHSA). The grant is part of a program that awarded $14 million nationally for the purpose of strengthening substance abuse treatment, mental health, services, and primary care for homeless individuals. Housing and Urban Health will use the award of $600,000 per year for three years to integrate behavioral health treatment into the services available at the six Direct Access to Housing sites. The funds will be used for behavioral health counseling, off-site substance abuse and mental health treatment and methadone maintenance.

Tom Waddell Renovation
Tom Waddell Health Center (TWHC) has begun a renovation project. The goals of this project are to increase patient flow and confidentiality (timely with/HIPAA), create a new dental clinic and increase health and safety for staff and patients. During the initial phase, in which the Urgent Care clinic is impacted, TWHC is offering additional clinics at McMillan Drop-in center.

Commissioners' Comments

- Commissioner Chow introduced Commissioner Michael Penn, who will be visiting the various Joint Conference Committees to get oriented. With regard to the smallpox tabletop exercise, the CDC recommendations were just released. Will DPH be following these recommendations? Ms. Garcia said yes, and they will report back to the JCC with an update. Ms. Kronenberg said there has been a lot of discussion of these recommendations and DPH wants to get community input prior to releasing its guidelines. Commissioner Chow asked if the ER Diversion Task Force's Primary Care Committee is working with DPH Primary Care. Dr. Ofman said no. Ms. O'Connell said it is a myth that SFGH Emergency Department is serving patients with primary care needs.

All of the patients are acute. But the task force seems to believe that dealing with primary care differently will alleviate ED overcrowding.

- Commissioner Penn asked if a helipad is a requirement for a Level 1 Trauma Center. Ms. O'Connell replied that it is, and SFGH has been told that if it does not get a helipad, it would not be able to maintain Level 1 status.

- Commissioner Guy asked if the ER Diversion Task Force Subcommittee of which Ms. Garcia is a member submit a report with recommendations. Ms. Garcia said the task force is considering a system where non-ambulatory inebriates who have been cleared by paramedics can be dropped off at an intermediate care facility. This is an expensive program. A similar proposal for a 50-bed unit was analyzed in the past and estimated to cost $3 million per year in operating costs. Obtaining a license for a new intermediate care facility in San Francisco will be difficult so they'll need to look at expanding capacity at existing sites to serve this purpose. The subcommittees are wrapping up their recommendations and will meet with Dr. Katz in the next month. Ms. Garcia said the recommendations may be different from what DPH would support. Ms. O'Connell has met with the task force consultants and chair. Everything they are looking at is controversial. The consultants did a nice job showing the impact of emergency rooms going on diversion. Commissioner Guy is concerned that the task force, rather than the Health Department and Health Commission, will be setting the health budget priorities.

4) 1st QUARTER REVENUE AND EXPENDITURE REPORT

Gregg Sass, Chief Financial Officer, presented the 1st Quarter Revenue and Expenditure Report (Attachment A). DPH is projected to end the year with a $1.8 million surplus, which would really mean a reduction in net General Fund. Mr. Sass said the revenue estimates are conservative. There are potential factors, for example AB 915, that may increase revenues but the increases will not be incorporated into the projections until they are certain.

5) STRATEGIC PLAN UPDATE

Anne Kronenberg, Director Policy and Planning, presented an overview of the Strategic Plan update that will be presented to the Health Commission on November 19. The update will be a look at year one of the plan's implementation and highlight the accomplishments, barriers and next steps. The Department has taken the Strategic Plan very seriously, and management has tried to have the plan implemented at all levels, from division heads to managers to line staff. Policy and Planning staff has been meeting with Department staff for the past three months to get feedback about how useful the plan has been.

Commissioners' Comments

- Commissioner Chow said he is most interested in implementation challenges, how DPH should meet these challenges and should some parts of the plan be changed. He asked if the Department is now in a position to start prioritizing. This deliberately was not done when the plan was initially developed. Ms. Kronenberg said the Department might come forward with priorities through the budget process. Given fiscal constraints, she is not sure how far in advance priorities could be set. Given that labor costs will increase but the Department will not be getting additional money, the Department will need to develop priorities. Commissioner Chow said that it is difficult to develop a matrix on $1 billion work of programs and services that run the gamut from acute care to restaurant inspection. He does not want to create additional work if it is not useful.

- Commissioner Guy said she would like affirmation that the Strategic Plan is a viable tool to provide better services. The Department must be clear where it is going with specific Strategic Plan. For example, DPH needs to state if it will or will not pursue universal health care given other Strategic Plan goals. Ms. Garcia said the plan has been a helpful and relevant document. Ms. O'Connell added that the plan was a valuable resource for evaluating the Avon grant and preparing for JCAHO. It can, however, be difficult to identify specifically which strategy because there is so much integration. Dr. Perez Arce said that the plan has been helpful, but a larger issue is that the Department is moving toward a period of reduced resources and difficult decisions will have to be made. The plan has not been a tool to provide guidance for these decisions. Commissioner Guy said staff should look at having quarterly reports for the Strategic Plan be presented to the JCCs.

- Commissioner Penn suggested that the report be assembled in a way to group activities into those that work and those that do not.

6) QUALITY ASSURANCE/QUALITY MANAGNEMENT REPORT

Michelle Friedman, Health Program Analyst, presented an overview of Community Program's quality management. Community Program's "House of Quality" includes Primary Care, Mental Health, Substance Abuse, Housing and Urban Health and Maternal Child Health. Quality management functions include policy, risk, client rights, documentation, outcomes, HIM/HIPAA, utilization review and many other elements. Ms. Friedman summarized the quality management functions that are currently done for each of the programs. Some of the highlights are:

- Behavioral Health integration
- Population health indicators and prevention framework
- DPH-wide quality initiatives
- Regulatory QM functions for Mental Health
- Project-based QM for Primary Care and Maternal Child Health

Next Steps

- Develop quality functions where there are none
- Prioritize efforts
- Develop Community Program Quality Management structure
- Train, educate, coach, support
- Utilize dashboard reports
- Establish MOUs across disciplines
- Implement comprehensive quality measures
- Utilize continues quality improvement approaches such as the Plan-Do-Check-Act Cycle

Measures of Success

- Wait lists, phone wait time, wait to schedule appointment, abandoned calls, connection rates
- Risk, suicide rates, medication errors, deaths, violence
- Number and type of grievances
- Funding eligibility conversation
- Satisfaction/dissatisfaction
- Timely submission or reports, required regulatory document

- High-end service utilization, patient flow
- Patterns of use and cost
- Diversion from high end services
- Medication compliance
- Accuracy of claims
- Lower compliance risk, audit exceptions
- Available services slots meeting demand
- Reduction of no shows
- Productivity studies, staff to client ratios

Ms. Friedman concluded by saying she would like to come back to the CHN JCC in July with an update on the program.

Commissioners' Comments

- Commissioner Guy asked Ms. Friedman how she approaches teaching people about quality. Ms. Friedman replies that people have to walk in the client's shoes, because some of the information is dull and dry. Commissioner Guy asked for a status report in April then a full update in July.

- Commissioner Penn suggested that the dashboard data be translated back to staff. He also suggested that a structure be put in place to reward QM efforts. Ms. Friedman agreed.

- Commissioner Chow said that Primary Care is currently under the hospital's QA system, and asked if they envision a change. Ms. Garcia said it will be kept under SFGH, but can still participate in Community Program's efforts to enhance, education and improve quality. Dr. Ofman added that the Primary Care QI Committee is a medical staff committee and must report through SFGH PIPS Committee. However, this does not prohibit participation in other ventures to discuss mutual QI goals. Commissioner Chow applauded the approach of incorporating the requirements of specific sections into common QM goals and indicators.

7) EMERGING ISSUES

None.

9) PUBLIC COMMENT

None.

10) ADJOURNMENT

The meeting was adjourned at 5:05 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Projected FY 2002-03Year-End Surplus/Deficit
1st Quarter FY 2002-03

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$477,054,000	$477,961,000	$ 907,000	$ 477,054,000	$479,111,000	$(2,057,000)	(1,150,000)
Laguna Honda	148,491,000	150,091,000	1,600,000	148,491,000	149,248,000	(757,000)	843,000
Primary Care	47,380,000	47,319,000	(61,000)	47,380,000	47,303,000	77,000	16,000
Health at Home	5,033,000	5,033,000	0	5,033,000	5,028,000	5,000	5,000
Jail Health	26,288,000	26,288,000	0	26,288,000	26,732,000	(444,000)	(444,000)
Public Health	92,414,000	92,414,000	0	92,414,000	92,213,000	201,000	201,000
Mental Health	177,263,000	179,551,000	2,288,000	177,263,000	177,243,000	20,000	2,307,000
Substance Abuse	64,686,000	64,686,000	0	64,686,000	64,679,000	7,000	7,000
TOTAL DPH	**1,038,609,000**	**1,043,343,000**	**4,734,000**	**1,038,609,000**	**1,041,557,000**	**(2,948,000)**	**1,785,000**

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

San Francisco General Hospital*:* Year-end projections show a deficit of $1,150,000

Revenues are projected to be $907,000 over budget due to:

- a projected favorable variance in bad debt;

Expenditures are projected to be over budget by $2,057,000 due to:

- unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium pay through the summer months. This is a result of seasonally high vacation coverage combined with delays in approving budgeted positions until August of 2002.

Laguna Honda Hospital*:* Year-end projections show a surplus of $843,000.

Revenues are projected at a surplus of $1,600,000 due to:

- a surplus in Medi-Cal revenues primarily due to a $5 per day increase to the SNF reimbursement rate.

Expenditures are projected to be over budget by $757,000 due to:

- unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium pay through the summer months. This is a result of seasonally high vacation coverage combined with delays in approving budgeted positions until August of 2002.

Primary Care: Year-end projections show a surplus of $16,000.

Revenues are projected to be $61,000 under budget due to:

- a deficit of $96,000 in YTD MediCal revenues due to a reduction in our FQHC prospective payment rates that occurred after the budget was finalized;
- a $5,000 YTD surplus in Medicare revenues;
- a $25,000 YTD deficit in other patient revenues;
- a $55,000 YTD surplus in bad debts

Expenditures are projected to be under budget by $77,000 due to;

- a favorable variance in salaries and fringe benefits based on year-to-date actual expense.

Jail Health Services: Year-end projections show a shortfall of $444,000.

Revenues are projected to on budget.

Expenditures are projected to be over budget by $444,000 due to:

- a deficit from salaries and fringe benefits based on annualization of year-to-date actual expense;

As you know, the Department requested an augmentation to the Jail Health Services personnel budget to correct the ongoing underfunding in salaries and fringe benefits. However, a funding increase was not approved for the current budget, and deficits in this division continue. Therefore, the Department will be required to offset this overspending with savings in other programs, as was required in prior years.

Health at Home: Year-end projections show a surplus of $5,000.

Revenues are projected to on budget.

Expenditures are projected to be $5,000 under budget due to;

- a savings in salaries and fringe benefits;

Public Health: Year-end projections show a surplus of $201,000.

Revenues are projected to be on budget.

Expenditures are projected to be $201,000 under budget due to;

- a savings in facility maintenance & capital outlay and workorder expenses based on reserves placed on expenses

Mental Health: Year-end projections show a surplus of $2,307,000.

Revenues are projected to be $2,288,000 over budget due to:

- a projected net deficit of $212,000 in Short Doyle revenue resulting from reductions in MH CSOC ($420K), new EPSDT county match ($80) and offsetting carryforward funds of $300K;
- an increase of $2,500,000 in projected SB 90 funding based on revenues realized in prior year cost reports and released from a deferred credit in the current year

Expenditures are projected to be under budget by $20,000 due to:

- a surplus in projected workorder expenses resulting from reserves placed on expenses

Substance Abuse: Year-end projections show a surplus of $7,000.

Revenues are projected to be on budget.

Expenditures are projected to be under budget $7,000 due to;

- a surplus in projected workorder expenses resulting from reserves placed on expenses.

Conclusion

The first quarter of revenues and expenditures indicate that the Department's expenses are within budget, even with increases to expenditures at San Francisco General Hospital and Laguna Honda Hospital for increased payroll expenses resulting from high premium and overtime pay.

The Department will continue to monitor its revenues and expenditures. After the analysis of the 2nd Quarter Revenue and Expenditure Report, we will adjust this plan if needed.

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Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, November 26, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF OCTOBER 22, 2002**
**Minutes for October 22, 2002*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

4) **FOR DISCUSSION:** **PRESENTATION OF THE CHARITY CARE REPORT UPDATE**
(Colleen Johnson, Assistant Director, Office of Policy and Planning)
**Update*

5) **FOR DISCUSSION:** **PREVENTION FRAMEWORK PRESENTATION**
(Ginger Smyly, Director of Health Promotion and Prevention)
** Report*

6) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE**
(Anthony G. Wagner, Chief Executive Officer of Hospital Systems)
**Update*

7) **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, November 26, 2002
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:09 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Sai-Ling Chan-Sew, Mildred Crear, Larry Funk, Barbara Garcia, Colleen Johnson, John Kanaley, Brian Katcher, Anne Kronenberg, David Offman, M.D., Jorge Partida, Frank Patt, Patricia Perez-Arce, Jo Ruffin, Gregg Sass, Ginger Smyly, Anthony Wagner, Linda Wang, Andrew Williams.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF OCTOBER 22, 2002

Action Taken: The Committee approved the minutes of the October 22, 2002 CHN Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

DPH Staff Elected to the National WIC Association
Director of Nutrition Services, Maria R. LeClair, MPA, RD, was elected to represent the Western Region on the Local Agency Committee of the National WIC Association (NWA) for two years. The NWA provides leadership to the WIC community by promoting quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring sound and responsive management of the Special Supplemental Nutrition Program for Women, Infants, and Children.

PROGRAM UPDATES

LHH Publishes Monthly Quality Newsletter
The Laguna Honda Quality Management Department is now publishing a monthly quality assurance newsletter. The newsletter is distributed in both hard copy and resides in the DPH Website under LagunaNet. The purpose of the newsletter is to further advance the importance of quality improvement while educating the staff on trends and innovations in quality improvement, particularly in long term care. Attachment A.

LHH Enhances its Resident Abuse Prevention Program
Laguna Honda has recently enhanced its resident abuse prevention, identification, reporting, protection and investigation program. Assuring that residents of long-term care facilities are protected from abuse of all types is one of the most significant topics in the industry. State surveyors and Federal agencies are also paying particular attention to this important issue. Laguna Honda has responded by recently revamping its policy and procedure dealing with this topic.

It is important to note that in addition to preventive measures, Laguna Honda has initiated a tripartite approach to investigating each allegation of abuse. The Nursing Department (usually the primary reporting entity) reports the allegation whereupon the Human Resources staff investigates the allegation in concert with the Quality Management staff that documents each incident. This procedure has demonstrated significant improvement in assuring each abuse allegation is independently and objectively investigated, reported and documented in a timely fashion and with a consistently high standard of quality. With direct Human Resource involvement, timely personnel action is also taken as appropriate. The internal program enhancements implemented by Laguna Honda have improved its ability to work with Licensing & Certification staff on these complicated cases.

Mental Health Advanced Access
Trainings of outpatient clinic leadership on advanced access are underway. Outpatient clinics have submitted plans for eliminating any waits for intake appointments by December 15, and for testing a variety of strategies to improve access. The target date for full implementation of advanced access is February 1, 2003. The goal is to improve timely access to assessment and treatment services.

Children's System of Care

On October 21,2002, the Work Group on Community-Based Systems of Care from the American Academy of Child and Adolescent Psychiatry presented a symposium on "Community Mental Health Strategies For America's Children" in San Francisco. The symposium presented the San Francisco Children's System of Care as an exemplary model in the development of children's systems of care. A number of staff from CMHS-CYF gave presentations. Over 150 child psychiatrists and CYF providers attended the symposium.

Ambulatory Care Strategic Plan Workgroup

A report on the work that the Ambulatory Care Strategic Plan Workgroup has accomplished thus far is attached. Attachment B.

San Francisco General Hospital Diversion Report, October 2002

The Emergency Department [ED] recorded 34 episodes of diversion for 142 hours representing a rate of 19% in October 2002. This is a 12.7% decrease in diversion since September 2002.

The 34 episodes of diversion are categorized as follows:

Diversion Type	**# Episodes**	**Hours**	**Rate**	**% Change from Previous Month**
Total Diversion	34	142	19	12.7
Trauma Override	3	5.5	.8	2.2%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion. During this time, 197 patients were pending admission to inpatient beds [ICU-19, 4B/StepDown-96, MedSurg-82]. In October 2001, the ED was on diversion 30.6% of the month. Trauma Override was invoked 1.6% of the month in October 2001.

Total Diversion was recorded for 34 episodes, a total of 142 hours or a 19% rate for October 2002, and a 12.7% decrease in Total Diversion since September 2002. While on Total Diversion the ED held 197 patients in October 2002. While on Total Diversion in October 2001, the ED held 238 patients awaiting inpatient beds.

Trauma Override was recorded for 3 episodes, a total of 5.5 hours or a .8% rate for October 2002. This is a 2.2% decrease in Trauma Override since September 2002. While on Trauma Override the ED held 7 patients in October 2002. While on Trauma Override in October 2001, the ED held 28 patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

Caring for Patients with Chronic Illness Retreat

A working retreat titled, "Caring for patients with chronic illness in the safety net: Directions for the future" was held on November 1, 2002. Over 200 people attended to hear national and local experts on Models of Chronic Illness Care and Innovative Approaches to Self-Management and to make recommendations to a planning group. It was sponsored by a coalition representing the Community Health Network/Primary Care, the Departments of Medicine and Family and Community Medicine at SFGH, Kaiser Permanente, the San

"Management ART." Hyde Street Community Services (HSCS) was founded by the current employees of the Tenderloin programs and its entity is in development. Management ART (MART) is the non-profit arm of BAART (Bay Area Addiction, Research and Treatment) and has many years of financial management experience with the Department of Public Health. Barbara Garcia and Blanche Korfmacher continue to work closely with the Director of the Tenderloin programs and the Foundation to assure that the July 1, 2003 target date is met and that the transition is seamless and smooth.

The Foundation met their FY02 agency objectives; thus, agency objectives were not developed or incorporated into the Foundation's FY03 contract. Barbara Garcia continues to monitor the development of their Strategic Plan and the individual program monitors continue to work with the Foundation at the program level. The Foundation is currently in good standing with the Department.

Jelani, Inc. Update
At the Health Commission hearing on September 17, 2002, commissioners reviewed Jelani, Inc.'s Monitoring Report for FY01 and requested a status update for the November JCC.

Findings:

- Jelani's FY02 score for Agency Compliance improved from FY01 – due to improved timeliness and accuracy of required documents.
- Jelani's FY02 score for Program Performance improved for their outpatient program and one of the residences, Newhall Manor. However, it declined for their three other residential programs, Jelani House, FSF Men's Residence, and Rights of Passage. The reasons for the lower scores are high turn over in 30 days, low units of service and success rates less than the agency's contracted goal (changes have been made in FY 03 where the goal was unreasonably high).
- Performance for the first quarter of FY 03 remains about the same as FY02.

The agency cites changes over the last two years, including an increase in Criminal Justice referrals (now at 60%) and Child Protective Service regulations, both of which reduce the length of stay in the program. In addition, the CalWORKs collaborative requires that referrals come from Westside and WOMAN, Inc., which have been often slow in coming.

Resolutions:

1. Jelani:

   - Created a Mental Health component to address mental health issues within the first 30 days
   - Refined their 90-day non-communication policy to include family involvement to support the participant during this difficult period
   - Stabilized staff at Rights of Passage which will greatly enhance program quality and likelihood of clients staying to completion

2. CSAS further recommends Jelani

   - Add a female intake worker, preferably African American, as some potential clients may better relate to a female, and someone that reflects their culture

- Meet with Criminal Justice and CPS to case conference and provide an on-going dialogue in how best to serve mutual clients
- Develop new referral sources to increase CalWORKs' referrals
- Work with AACHIE, which includes a Faith Based Committee to increase community referrals

The agency has expressed a willingness to receive assistance in these areas and the Department will continue to work closely with Jelani to help them reach their goals.

Public Comment

- Ron Smith, Regional Vice President, Hospital Council, described the Hospital Council's project to reduce health disparities among African Americans in San Francisco. This project came out of the Building a Healthier San Francisco luncheon. Since that luncheon, a group has been meeting with African American health experts, organizations and the community and is undertaking a benchmark study. Hospital leaders are committed to addressing and eliminating these disparities.

Commissioners' Comments

- Commissioner Guy appreciates the quality assurance contract updates. Regarding the African American health initiative, there are many things that can be done at different levels to establish trust with the African American community. Hospital leaders are also community leaders and can do much to impact community.

- Commissioner Chow would like an update on the Hospital Council's initiative at a future CHN JCC. Commissioner Chow would like another update on the Jelani Contract in 60 days. He asked when the Ambulatory Care Strategic Plan Workgroup would be ready to present an update to the CHN JCC. Patricia Perez-Arce said they could have an update on the framework and the timeline at the February CHN JCC.

- Commissioner Sanchez emphasized that African Americans' mistrust of the medical system does not exist in a vacuum. This year there are only five African Americans in the UCSF School of Medicine. Inequities begin early on and there has to be a much wider and substantial focus on eliminating disparities.

4) PRESENTATION OF THE CHARITY CARE REPORT UPDATE

Colleen Johnson, Assistant Director, Office of Policy and Planning, presented an update on activities that have taken place since the Charity Care Report was presented to the Health Commission on September 3, 2002. On September 13, at the request of the Health Commission, DPH sent letters to UCSF and Kaiser asking them to voluntarily comply with the ordinance. UCSF has agreed to voluntarily comply. Ms. Johnson stated that hospitals whose fiscal years ended on June 30, 2002 must submit their reports to DPH on Wednesday, November 27. These hospitals are St. Francis, St. Luke's, St. Mary's, San Francisco General Hospital and UCSF (voluntarily). The information from these reports will be presented in the next charity care report.

Public Comment

- Ron Smith, Regional Vice President, Hospital Council, read from a prepared statement (Attachment C).

- Fred Seavey, SEUI, spoke in support of the report and thanked the Department for the progress that has been made. The information demonstrates two points. First, that there are not uniform charity care policies. Second, that in the past five years there has been a reduction in the number of uninsured patients cared for in private hospital and an increase in the number of uninsured patients cared for at San Francisco General Hospital.

- Leslie Bennet, Consumers Union, spoke in support of the report and submitted a written statement (Attachment D).

- Jeffrey Sterman spoke on behalf of Andy Deems, Senior Vice President and Service Area Manager of Kaiser Permanente. Mr. Sterman said that Kaiser asked for an exclusion from the report for a variety of reasons: Kaiser does not do fee for service; the hospital is trying to better capture charity care data; and a key strategy is to provide subsidized programs through the health plan. However Kaiser will be providing DPH some data, but will not be the exact data that other hospitals provide. Gregg Sass said that he has had two conversations with Andy Deems to figure out how to best configure the Kaiser data, and has found Kaiser to be very willing to do this.

Commissioners' Comments

- Commissioner Chow appreciates Kaiser's and UCSF's offer of voluntary compliance. He asked Ms. Johnson if the next report could be reviewed by hospitals in advance of the Health Commission presentation. Ms. Johnson said she would be able to do this. Ms. Kronenberg said that the report to the Commission would be later, to allow for time for two week's advance review by the hospitals as well as a presentation to the Joint Conference Committee. Commissioner Chow reminded people that a few years ago the Health Commission had offered to work with the Hospital Council to develop reporting guidelines. Now it is a requirement of the City's Administrative Code, and there are stringent requirements that are not as easy to change. Commissioner Chow asked Mr. Sass to comment on why realignment funds are not included in the charity care calculations. Mr. Sass said that there are a number of funding streams that could be identified, such as surpluses generated by paying patients who pay more than cost and private fundraising. A discussion solely about realignment would be incomplete.

- Commissioner Guy agreed that the hospitals should have time to review the report. It is a valuable report and we want to make this information transparent for the public.

5) PREVENTION FRAMEWORK PRESENTATION

Ginger Smyly, Director of Health Promotion and Prevention, presented the Prevention Framework. The purpose of the framework is to guide the development of a five-year DPH Prevention Plan. The guiding principles of the framework are to:

- Address health of populations throughout the life cycle
- Promote evidence-based practice
- Examine effects on inequities
- Address root causes
- Build on existing prevention efforts
- Collaborate across sectors and levels within DPH and beyond
- Promote genuine public partnership
- Evaluate interventions

The development of the framework has seven steps:

1) Analyze San Franciscan's health
2) Produce evidence about major determinants
3) Identify and prioritize prevention issues
4) Define Goals & Objectives
5) Identify prevention options
6) Decide on prevention interventions
7) Implementation (including evaluation)

A Prevention Workgroup has been established and will work closely with the Integration Task Force, the Prevention Planning Group and Community Program managers and medical directors. The timeline for completing the five-year Prevention Plan is July 2003, and the plan will be presented to the Joint Conference Committee and the Health Commission.

Commissioners' Comments

- Commissioner Chow asked how the framework would change how primary care efforts get accomplished. Dr. Ofman had three examples. 1) There are potentially specific prevention strategies that involve collaboration between the prevention side and the treatment side, such as anything involving exercise and diet. 2) Opportunities for determining how to better integrate prevention into the treatment side of things like violence, mental health and substance abuse. The treatment side does not know the best prevention strategies, but they have the captive audience. 3) Use prevention to fill in the gaps where the treatment side does not do well, for example educating the at-risk population about primary care and access to it. Ms. Smyly added that a lot of clinical prevention takes place in the health centers, and the goal is to strengthen these activities. Ms. Garcia said the most important result of this effort is the connection between the divisions and the leveraging of each division's prevention resources and services. The framework will also enable the Department to better identify and address emerging issues.

- Commissioner Guy said that these efforts are an effective and important way to involve community in health education and services.

6) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

Anthony G. Wagner, Chief Executive Officer of Hospital Systems, presented an update on the San Francisco General Hospital medical Center Rebuild. (Attachment E).

Commissioners' Comments

- Commissioner Chow asked if the surrounding neighborhoods consider Mission Bay part of their neighborhood. Mr. Wagner said they do not. The issue of the hospital moving is a major issue to the larger Mission community, while the adjacent neighborhood is equally adamant that the hospital not rebuild at Potrero and that there not be a helipad.

- Commissioner Guy asked if SPUR had a particular area of interest. Mr. Wagner said the group is generally supportive of both the helipad and the rebuild.

- Commissioner Sanchez said that main sentiment expressed at the meeting with the Mission community was that information about the planning effort needed to get to all of the different ethnic and geographic areas served by the hospital. They also stressed multi-lingual outreach. The meeting attendees want the hospital to remain where it is.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (5)

QUALITY MESSENGER

Laguna Honda Hospital and Rehabilitation Center
Department of Quality Management Monthly Newsletter
Publisher: QM Staff Date: 11/12/02 Issue: #6

The CMS Releases Quality Measures for Laguna Honda Hospital!

Laguna Honda Hospital and Rehabilitation Center, is pleased to be a supporter of the new federal Centers for Medicare and Medicaid Services (CMS) Nursing Home Quality Initiative (NHQI). The goal of this important effort is to improve the quality of patient care outcomes in America and provide consumers with relevant, comparative information for making decisions regarding long-term care.

This initiative signals a new era in quality assurance for nursing homes – an era that will be marked by caregivers, patients, family members and consumers working positively and cooperatively to continually improve the quality of care.

On November 12, 2002, CMS released following important Quality Measures for Laguna Honda Hospital and Rehabilitation Center as a part of CMS Nationwide **Nursing Home Quality Initiative**:

Quality Measures	Percentage For Laguna Honda Hospital	State Average	National Average
The Percentage of Residents With Loss of Ability in Basic Daily Tasks	12%	13%	15%
The Percentage of Residents With Pressure Sores	5%	10%	8%
The Percentage of Residents With Pressure Sores (With Additional Risk Adjustment)	5%	8%	9%
Quality Measures	**Percentage For Laguna**	**State Average**	**National Average**

	Honda Hospital		
The Percentage of Residents With Pain	9%	10%	11%
The Percentage of Residents in Physical Restraints	6%	18%	10%
The Percentage of Residents with Infections	9%	16%	NOT AVAILABLE
The Percentage of Short Term Stay Residents With Delirium	2%	3%	4%
The Percentage of Short Term Stay Residents With Delirium (With an Additional Level of Risk Adjustment)	4%	3%	4%
The Percentage of Short Term Stay Residents With Pain	19%	28%	25%
The Percentage of Short Term Stay Residents Who Walk as Well or Better	27%	34%	30%

As caregivers, our aim is for consumers to have reliable information regarding the quality of care provided by facilities. We understand that reliable, accurate information is an essential part of the decision making process in the selection of a nursing home. The data generated by the NHQI for the first time allows us to reasonably compare our facility's care outcomes with statewide averages of all facilities. This information will help identify areas in need of improvement and will encourage providers to exchange information on new and innovative ways to improve the quality of care.

We also would like to comment on statistical comparisons among facilities with respect to state averages. Researchers, studying the validity of quality indicators, found there are inter-facility differences in the types of patients admitted and that this is an important consideration when looking at scores that may be higher or lower than the average. In addition, the data only relates to a few selected conditions and does not cover all the clinical situations found in a facility.

The NHQI is a significant step forward for the nation's system of long-term care because it engages all of the critical stakeholders in a collaborative manner that, we believe, will benefit patient and caregiver alike. However, there's no substitute for visits to nursing facilities and face-to-face discussions with caregivers.

- **This letter is also available at the QM Department website under LagunaNet**

November 22, 2002

To: Barbara Garcia, DPH Deputy Director
Community Programs

Gene O'Connell, CEO
San Francisco General Medical Center

FROM: Patricia Pérez-Arce, Director
David Ofman, Medical Director
Phyllis Harding, Nursing Director
Maureen O'Neil, CPC Social Work Coordinator
CHN Primary Care Section

RE: Ambulatory Care Strategic Plan Workgroup

This is a report on the work that the Ambulatory Care Strategic Plan Workgroup has accomplished thus far. The group met twice. The first meeting occurred on 10/29/02 and the second on 11/5/02.

Members who attended either one or both meetings were:
Robert Christmas (LHH),
Diedra Epps-Miller (Southeast HC),
Richard Fine, MD (AMC Specialty Svs),
Gloria Garcia-Orme (SFGH Patient Assistance and Referral),
Gayling Gee, RN (LHH),
Kevin Grumbach, MD (Family and Community Medicine Department),
Hali Hammer, MD (Family HC),
Phyllis Harding, RN (Primary Care Nursing),
Dick Hodgson (San Francisco Community Clinic Consortium),
Valerie Ng, MD (Clinical Laboratory, Medical Staff Chief Designate),
Susan Obata, MD (Urgent Care Center),
David Ofman, MD (Primary Care Medical Staff),
Maureen O'Neil, LCSW (Primary Care Social Work Services),
Patricia Pérez-Arce, PhD (Primary Care Administration),
Samantha Stephen (Dental Services),
Wylie Liu (Community Programs Planner)

Interested staff unable to attend the meetings:
Talmadge King, MD (Department of Medicine)
Stuart Seiff, MD (Opthalmology)
Roland Pickens (SFGH Specialty and Diagnostic Svcs)
Andy Bindman, MD (Primary Care Research Center)
Sharon Kotabe, PharmD, (Pharmacy)
Mattie Peckenham, RN (Women's Health Center)
Neil Stollman, MD (GI)
Margo Dextraze-Cordova, RN (Cardiology)

Summary of Scope of Work and Planning:

TOPICS	DISCUSSION	ACTION PLAN
Approach to defining the Ambulatory Care Strategic Plan	FRAMEWORK 1. Clarification of the assumptions and givens about health care and the types of care. 2. Build Plan around the assumptions and givens 3. Develop the issues and then formulate a roadmap with scenarios 4. Examination of the two major foci of ambulatory care: Organization of care focused on services and organization of care focused on teaching 5. The bulk of the work will be conducted online in order to ensure broad participation. Participants will be asked to respond when they disagree and their rationale, have a new idea, have a further elaboration of an idea, etc.	1. Draft framework that includes assumptions and givens, including current data and demographic trends. Preliminary draft dated 11/5/02 attached. 2. Send to participants for comments (Dick Fine will be responsible for getting feedback from specialties within AMC) 3. Survey providers on various aspects of the evolving Plan
Identified Issues	LEWIN GROUP RECOMMENDATIONS FOR AMBULATORY CARE 1. Participants want to review the Lewin Group's recommendation on ambulatory care in order to understand the rationale and validity for moving 60,000 patient visits to the community health centers. They recommend moving 40,000 existing SFGH pt visits and 20,000 new visits or 11,500 pts and 5,700 pts using 3.5 visits per pt. per year. This is the equivalent of 1.5 to 2 health centers. 2. Develop a survey to ask outpatients why they use SFGH (Lewin has some data on this) 3. SFGH health centers can be considered community clinics for Mission District residents. Does it make sense to move patients to sites that are further away from where they reside? We need data on this. 4. Currently SFGH health centers and specialty clinics, while autonomous, create a "one-stop" convenient site to mostly 94110 residents. It is perceived as having more resources and, therefore, providing better care. 5. If Mission pts want to receive PC services at SFGH should we increase capacity at SFGH instead of transferring them out? 6. How would this change if SFGH is rebuilt at Mission Bay? How much of an impediment to Mission residents would this be in terms of transportation? 7. Non-surgical specialty services and limited diagnostic services would remain at the current SFGH campus. There will be duplication of services and equipment. 8. Recommended that a "human services campus" be developed at SFGH, a version of a Super Clinic 9. What facility configuration makes the most economic sense? Once SFGH is rebuilt, there will be over 250,000 sq ft available at the current site. Remodeling is cheaper than building a new site in the community. NETWORK 1. What should be the configuration of the Community Health Network's Ambulatory System of Care? Currently it is a loose configuration of relatively independent units. A tighter configuration, that would include the SFCCC clinics and specialty services, would have access to common data and protocols. 2. Specialty Services: Both CHN and SFCCC health centers are dependent on SFGH specialty and diagnostic services. Thus the network must include SFCCC. Agreements about access, procedures, and protocols would have to be delineated. 3. Certain key target areas of SF, e.g., BVHP, lack adequate health resources, whether from DPH or the private sector. How would we address the needs of communities that traditionally have not accessed hospital based services regardless of their need? Should there be a second multi-service integrated clinic (Super Clinic) in an underserved area. BVHP has developed recommendations for a comprehensive multi-service health center as an expansion of SEHC. DATA 1. MIS needs to be represented in this committee. In order to make appropriate decisions about the Ambulatory Care Network in the future we need data on: • Volume of svcs in past 10 years by SF districts/zip codes	

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	• Growth pattern in SF • Lewin Group projections • SFCCC true volume and utilization data • Primary care and specialty services' utilization • Data on ED and hospitalization admissions by zip code • Data on service demand and service referral (PAR/SFGH) **TEACHING MISSION** 1. We need to address the SFGH/PC/UCSF teaching mission, will it be expanded to the community health centers if more volume is transferred to it? 2. Are we "off-loading" teaching? 3. We need to study the teaching interface, particularly in specialty care, some specialties may be more efficient if teaching is eliminated and placed in the community. 4. In reference to the "one-stop shopping" or "Super Clinic" concept of integrated care, would teaching be involved? If so, how would it be structured? 5. Services under a teaching model are less efficient, in terms of attending productivity and exam room utilization. **SERVICES WITHIN THE CONTINUUM OF CARE** 1. Given that it is more cost-effective for the lab to be centralized, how do we best utilize existing lab services in the community? 2. How do we include care in non-traditional sites, e.g., housing projects, schools, home, etc.? 3. How do we include specialty care as part of the community-based continuum of services? 4. How do we incorporate urgent care in the budget process? 5. Dental services would be more cost effective if they were more centralized. Currently only very part time dentists spread their schedules among 5 health centers. Those dental clinics are not being fully utilized otherwise. 6. How do we consider other aspect of community programs, e.g.: TWHC, HUH, etc. (Mark Trotz should be involved in this workgrop.). 7. How do we include outpatient pharmacies, outpatient medication services?	
RESTRUCTURING STRATEGIES TO CREATE CAPACITY IN THE SHORT AND LONG TERM	1. Open Access scheduling systems to decrease no-show rates and decrease need for triage nurses 2. Group visits to increase access to providers and increase peer support. 3. Develop best practices for RTC intervals (neither too frequent nor infrequent) 4. Optimize clinic practice management to enhance productivity (potential limited by support staff-provider ratios and exam room-provider ratios below industry standards) 5. Telephone - Internet patient management strategies 6. Improved use of multidisciplinary teams, more interval visits by nurses and others to free up provider time 7. Expansion of night and weekend clinics to enhance utilization of limited exam rooms/enforce standards for 2 exam per provider ratio 8. Decentralize selected specialty services (specialists deliver certain services in primary care settings, e.g. consultations, group visits, procedures not requiring extensive fixed equipment, etc.), Dental and podiatry services are currently provided in CPC health centers. 9. Provide more primary care services in alternative locations (public housing, supportive housing, schools, home visits)	
NETWORK STRATEGIES TO ENHANCE ACCESS	1. Increased referrals to Consortium clinics and SF VA for primary care and targeted specialty services 2. Outreach to prioritized populations 3. Enhanced access of CHN pts. to DPH-funded case management, behavioral health services, and other community-based services 4. Co-location of primary care with behavioral health and social services 5. Strengthening and targeting clinical case management services to high risk, complex patients	
RESTRUCTURING STRATEGIES TO IMPROVE QUALITY OF CARE	1. Chronic Disease Management programs tailored to safety net patients 2. Patient self-management strategies, peer support for patient self-management 3. IS support for reminder systems, decision support, feedback to clinicians,	

	patient registries, high-risk lists, etc. 4. Dissemination of successful models of care throughout the network (best practices) 5. Systems to systematically monitor patients with a given condition and prevent emergencies 6. "Panelization" (characterization of chronic disease patient panel groups at the clinic level with resources redirected to address high prevalence/high risk conditions)7 7. Enhanced support for patient advocacy by multidisciplinary teams	
RESTRUCTURING STRATEGIES TO ENHANCE COST EFFECTIVENESS	1. Integration of Behavioral Health with Primary Care, Urgent Care, and targeted specialty care 2. Integration of Prevention/Public Health services with CHN care 3. Integration of supportive housing with CHN care (currently underway) 4. Wrap-around services / targeted programs for "high utilizers" utilizing PHNs, Health at Home, system case managers 5. Program evaluations for all relevant programs to include results in reducing preventable emergency and acute care 6. Flexible use of physical plants, including exam room, for SFGH and CPC health centers to accommodate increase in visit volume	

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Remarks of Ron Smith, Regional Vice President
Hospital Council

Before the Joint Conference Committee, San Francisco Health Commission

November, 26, 2002

We are truly all in this together. You know the challenge you are going to have in building a new SFGH. Thing of the challenges facing community hospitals that can not seek money from taxpayers. When Kaiser or UCSF agrees to pay nurses $100,000 a year, it affects SFGH's ability to attract nurse, and when Laguna Honda pays $22 an hours for nurse assistants, you wipe out Jewish Home's ranks of nurse assistants. We all need to work together, not at odds with each other.
To comment directly on the report:

1. Data is incomplete and does not give a clear picture of the indigent care situation in SF
    a. Two of the largest health care providers are not included--UCSF and Kaiser.
    b. The major provider of heath care for indigents is not included--the community clinics.
    c. In the report there is no accounting for the major charity care contribution of physicians working in community hospitals.
    d. There is no accounting for duplicative counting of the same patient--one day an indigent patient is treated at one community hospital, the next day that patient is treated at SF General, the third day that patient might be treated at another community hospital. The report counts that one patient as three patients.
2. The report is inappropriate in several ways
    a. Data is broken down by political boundaries, hospital do not care for patients by Supervisorial district. It is an inappropriate political intrusion into the issue of care.
    b. The report tries to link charity care provided and tax exemptions of hospitals. Federal and State law is very clear on this issue. Federal Internal Revenue Code Section 501-c-3 and State, revenue and taxation Code Section 2370ld and federal revenue rulings that hospital services are inherently charitable. The exemptions are for providing health care in a community, not providing health care to certain selected groups in the community.
3. As you know under Statute17,000 taking of indigent patients is the county's responsibility. There is not mention in the report that San Francisco General Hospital is the designated "safety net" hospital for the City and that the state pays San Francisco General $68,000 million a year

to take care of charity patients' care. That is 15 and a half million more than SF General says their charity care costs are. (Discuss rest of chart.)

If you were to say that the state money is for more than charity care patients, then you must allow our community hospitals to count more than just their charity care. If you require community hospital to compare only apples and apples you must judge SFGH by the same standard.

The charity service provided by our community hospitals is an important part of preventative programs that hospitals give to our community as defined by their community benefit programs.

Lastly, the first report was presented to this Commission and the Board of Supervisors without any opportunity for our community hospitals to review the report and comment on it. We hope that our comments today will be delivered to the Board, and as importantly before the next report is issued, please give our community hospitals an opportunity to review the report and make their comments at the same time the report is presented to you and the Board, so both of your bodies can hear our concerns at the same time as review the report.

Consumers Union

Publisher of Consumer Reports

Health Commission
Joint Conference Committee on Charity Care
November 26, 2002

My name is Leslie Bennett. I am a staff attorney at Consumers Union's West Coast Regional Office here in San Francisco. Consumers Union is the nonprofit publisher of Consumer Reports magazine and since 1936 our mission has been to test products, inform consumers and protect the public.

Consumers Union supported this ordinance when it came before the Board of Supervisors last summer. We provided comments on the regulations implementing it last fall and we are pleased that the first report has been issued relating to the provision of charity care by many of the hospitals in the city. Currently, apart from appearing in a single line on the Office of Statewide Health Planning and Development Annual Disclosure Reports, hospitals outside of San Francisco are not required to report on the amount of charity care they provide to the public, nor are their policies reviewed.

The benefit of having this ordinance on the books is that the public has the ability to review this information in a clear and concise way. Worth noting is that more than 140 thousand people filed applications for charity care in fiscal year 2001 in San Francisco and that more than 83 thousand charity care services were provided at a cost of 64 million dollars. In addition, we found out that San Francisco General is providing significantly more charity care to patients who happen to live in zip codes where a nonprofit hospital is located. Last year, more than 3 thousand patients passed up Saint Francis, more than 29 hundred passed up St. Mary's, and more than 16 hundred passed up CPMC in order to get their care from San Francisco General. That information would not have been available without this ordinance.

We recognize, however, that there is significant room for improvement, as some hospitals appear to not have provided all of the information required by the ordinance. For example, some hospitals failed to report the number of accepted applications for charity care or the number of unduplicated patients who received services or the zip codes for patients who were denied charity care or the charity care services provided, or information on the posting locations of the hospital's charity care policy. Most unfortunate is that there are questions about the accuracy of some of the data reported. We recognize that this is just the first year of the ordinance but there is no excuse for hospitals failing to comply fully with its requirements.

As the New York Times reported yesterday, 41 million Americans do not have health insurance and that number is expected to increase as health insurance premiums continue to rise. This ordinance is a critical first step to a comprehensive health policy, allowing the city's Public Health Department to ascertain its health care resources and the needs of the uninsured and we encourage other jurisdictions to follow its lead. It is our hope that St. Mary's, Saint Frances, St. Luke's, CPMC and the city's other hospitals will do all they can to facilitate the thorough assessment and planning of our city's public health by complying with not only the spirit but the letter of this ordinance.

Attachment D
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Community
Health Network
OF SAN FRANCISCO
Department of Public Health

Network Administration
2789 25th Street
San Francisco, CA 94110
Phone (415) 206-2300
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DATE: November 26, 2002

TO: Edward Chow, M.D., Chair, and
CHN Joint Conference Committee Members

FROM: Anthony G. Wagner, Executive Administrator W
Hospital Systems

RE: San Francisco General Hospital Medical Center Rebuild Update

Dr. Chow and members of the CHN Joint Conference Committee, below please find an update of the most recent activities of the San Francisco General Hospital Medical Center (SFGHMC) Rebuild planning process.

SFGHMC Rebuild Planning Update

Subcommittee Activities

Planning efforts are continuing for the SFGHMC Rebuild. Subcommittees are continuing to work through unresolved issues. We have given the Ambulatory Care subcommittee additional time to address issues raised by the Lewin report; e.g., a "super clinic"; absorbing 40,000 clinic visits from the Hospital into community clinic settings; adding an additional 20,000 new visits to community based clinics, etc.

SFGHMC Medical Staff Leadership Proposal

The Medical Staff Leadership of SFGHMC recently held a retreat to discuss options for the rebuilding of SFGHMC. They expressed strong support for relocation of the hospital to Mission Bay, regardless of any decision concerning the location of a new University of California, San Francisco Medical Center (UCSF). It was felt that this location would be optimal for the recruitment and retention of faculty because it would provide the best potential for research space (both desk top- and bench) and also would provide the critical mass of faculty to maintain a viable academic community. It was also felt the Mission Bay site would also enable more flexibility in structuring patient care services, especially trauma services. The group recognized that there are major barriers that would have to be surmounted in order to move SFGHMC to Mission Bay; however, it was felt that the potential benefits justify the effort that will be required.

We will include this option among several others as we request various stakeholder groups to rank them. We introduced and tested our first ranking instrument last Thursday with the Combined SFGHMC Rebuild Advisory Committee. We received much helpful feedback to assist us in refining it. We will discuss the scenarios and ranking criteria at our next bi-weekly steering committee meeting.

DPH/UCSF Collocation Discussions

Discussions between the Department of Public Health (DPH) and UCSF regarding collocation continue. The two organizations have decided to retain and jointly fund the services of a consulting firm to assist us in deciding whether to move forward in developing a collocation plan.

Outreach Activities

Our external outreach efforts are ongoing. Both the Rebuild and the Helipad Feasibility Study are discussed at all community outreach meetings. The subjects are discussed in separate presentations, but both are discussed in order that we prospectively share all major planning efforts with our communities. We recently held a training session for those staff that would be potential community speakers.

We have already presented to SPUR, the East Mission Neighborhood Association, and the Potrero Boosters. Following up with a suggestion from Commissioner Sanchez, we joined him yesterday to meet with leaders of several Mission Neighborhood Community organizations to receive their input, concerns and guidance regarding the rebuild. Much concern was raised about the possible relocation of SFGHMC from the current Potrero Site. Many of the concerns focused on the possible loss of easy access to services provided by SFGHMC. Concerns were also raised about the potential economic loss to neighborhood businesses. A much larger meeting is being planned in the near future with attendees that were recommended at yesterday's meeting. Another presentation is scheduled with SPUR and one with NICOS in January.

Our internal outreach also continues. Regular updates will be presented to both the SFGHMC Administrative and Medical Staff Executives Committees.

Our next update to the full Commission has been rescheduled from December 3rd to January 21st. We will keep the Commission apprised of our activities through this and the SFGHMC Joint Conference Committees and through updates to the full Health Commission.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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CANCELLATION NOTICE

JOINT CONFERENCE COMMITTEE FOR THE COMMUNITY HEALTH NETWORK COMMITTEE MEETING

The Joint Conference Committee for the Community Health Network meeting, scheduled for Tuesday, December 24, 2002 has been cancelled.

The next regularly scheduled meeting will be Tuesday, January 28, 2003 at 3:00 p.m., at 2789 - 25th Street at Potrero, Room #2001, in San Francisco, as usual.

An agenda will follow.

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(Posted December 3, 2002)

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